2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A01000001569 **DOCUMENT#**

Street

1. Entity Name SENIOR LIVING OF TYLER, LTD.

Principal Place of Business 950 S.E. 12TH STREET

2. Principal Place of Business

III NE

HIALEAH FL 33010



Street

Mailing Address 950 S.E. 12TH STREET HIALEAH FL 33010

3. Mailing Address

FILED 2003 JUN 10 AM 4: 54

DIVACION OF CORPORATIONS

TAKE AHASSEE, FLORIDA

Suite, Apt. #, etc. Suite 820		Suite, Apt. #, etc. Suite 820		DUE BY MAY 1, 2003		
City & Stat	e. ri 1	City & State . Miami	Florida	4. FEI Number 69 0005329	Applied For Not Applicable	
Zip Country Zip 33/32		Country USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	- 6. Name and Address of Current	Registered Agent		7: Name and Address of New Registered Agent		
GUTTER, JOSEPHER & RUFFIN, P.A. Street Agdress (P.O. Box Number is, Not Acceptable)						
100 WES	F-CYPRESS-CREEK-RD.,-SUITE-90	0	2/0	of Corporate Blud		
FT. LAUDERDALE FL 33309						
SOLO Rato FL Zip Code / 2/						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida.						
the obligations of registered agent. Tenche Gitter Chance Titch !!						
Via Previder of Rush Rushing France 6/4/00						
SIGNATURE Signature, typedoublines agroup to the appropriate appro						
9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital in FLORIDA to date				11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR F		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.						
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY		
DOCUMENT #	P01000113298		STREET ADDRESS	in NC 11CL 1	C.J. 200	
NAME	SENIOR LIVING OF TYLER, INC.			STREET ADDRESS /// NE 1st Street Suite 820		
STREET ADDRESS CITY-ST-ZIP	950 S.E. 12TH STREET HIALEAH FL 33010		CITY-ST-ZIP	Miami Florida 33132		
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS			<u> </u>	04/30/0301072018 **	141.25	
CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #	<u> </u>			40001758289	4	
NAME			STREET ADDRESS	04/30/0301072018 **	141.25	
STREET ADDRESS			CITY-ST-ZIP			
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NAME STREET ADDRESS			<u> </u>			
CITY-ST-ZIP			CITY-ST-ZIP	V.		
DOCUMENT #	<u> </u>			,		
NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP			OH 1-51-21F			
DOCUMENT #			STREET ADDRESS		7	
NAME						
STREET ADDRESS CITY-ST-ZIP	`		CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chenter 820. Florida Statutes.						

PRESIDENT