

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001570

1. Entity Name
SENIOR LIVING OF CORPUS CHRISTI, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 PM 12:42



Principal Place of Business
950 S.E. 12TH STREET
HIALEAH FL 33010

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

2. Principal Place of Business
111 NE 1st Street

3. Mailing Address
111 NE 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 820

Suite 820

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33132

USA

33132

USA

DUE BY MAY 1, 2003

4. FEI Number 60-0005336

75-3015718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTTER, JOSEPH & RUFFIN, P.A.
100 WEST CYPRESS CREEK RD., SUITE 900
FT. LAUDERDALE FL 33309

PO2-82075

Name
Teschner Gutter Chaves Joseph Rubin, PA
Street Address (P.O. Box Number is Not Acceptable)
2101 Corporate Blvd
Suite 107
Boca Raton FL FL 33431

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 accept the obligations of registered agent.

SIGNATURE *[Signature]* *Vice President*
Signature, typed or printed name of registered agent and title if applicable.

DATE 7/10/03

9. Capital Contributions
as Shown on record. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P01000113301
NAME SENIOR LIVING OF CORPUS CHRISTI, INC.
STREET ADDRESS 950 S.E. 12TH STREET
CITY-ST-ZIP HIALEAH FL 33010

STREET ADDRESS 111 NE 1st Street Suite 820
CITY-ST-ZIP Miami, Florida 33132

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
04/30/03--01072--019 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
04/30/03--01072--019 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 Chapter 620, Florida Statutes

PRESIDENT

SIGNATURE: *[Signature]* *Signature SECURED of Corpus Christi, Inc. 4/18/03 305-416-9066*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

0009031 AT

UL 1/24

STAPLE CHECK HERE