2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# A03000000828

Entity Name: WESTON PAVILION PARTNERS, LLLP

Current Principal Place of Business:

2229 NORTH COMMERCE PARKWAY, SUITE 100
C/O WESTON OUTPATIENT SURGICAL CENTER
WESTON, FL 33326

New Principal Place of Business:

6806 N. STATE ROAD 7
C/O PARKCREEK SURGERY CENTER
COCONUT CREET, FL 33073

Current Mailing Address:

2229 NORTH COMMERCE PARKWAY, SUITE 100
C/O WESTON OUTPATIENT SURGICAL CENTER
WESTON, FL 33326

New Mailing Address:

6806 N. STATE ROAD 7
C/O PARKCREEK SURGERY CENTER
COCONUT CREET, FL 33073

FEI Number: 20-0027042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID J. POWERS, P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #: L03000027502
Name: PAVILION GENERAL PARTNER, LLC.
Address: 2229 NORTH COMMERCE PARKWAY, SUITE 100
City-St-Zip: WESTON, FL 33326

ADDRESS CHANGES ONLY:

Address: 6806 N. STATE ROAD 7
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: PARKCREEK GENERAL PARTNER, LLC 04/30/2009

Electronic Signature of Signing General Partner Date