

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000828

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** WESTON PAVILION PARTNERS, LLLP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: SAUL R. EPSTEIN, MANAGER

MR.

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date