

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # A17345

1. Entity Name
DUNNS CREEK LTD.

Principal Place of Business
887 MACEWEN DR.
OSPREY FL 34229

Mailing Address
PO BOX 550
OSPREY FL 34229

2. Principal Place of Business
333 SOUTH TAMiami TRAIL
Suite, Apt. #, etc.
SUITE 283
City & State
VENICE FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
34285

Country
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2419140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBENALT JOHN F
887 MACEWEN DR.
OSPREY FL 34229
US

7. Name and Address of New Registered Agent

Name
ROBENALT JOHN F
Street Address (P.O. Box Number is Not Acceptable)
333 SOUTH TAMiami TRAIL
SUITE 283
City
VENICE FL Zip Code
34285

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.

SIGNATURE _____ DATE 04/27/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record. 268,440.00

10. Amount of Capital Contributions
in FLORIDA to date. 268,440.00

11. MAKE CHECK PAYABLE TO 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 #		STREET ADDRESS	333 SOUTH TAMiami TRAIL, SUITE 283
NAME	CENTURY HEALTH CARE INVESTORS OF JACKSONVI	CITY-ST-ZIP	VENICE FL 34285
STREET ADDRESS	887 MACEWEN DR.		
CITY-ST-ZIP	OSPREY FL 34229		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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 Chapter 620, Florida Statutes

SIGNATURE: CHCIOJ INC by John F. Robenalt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

P 04/27/2001

Date

Daytime Phone #

CR2E003 (11/00)