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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17345

1. Entity Name
DUNNS CREEK LTD.

Principal Place of Business	Mailing Address
~~333 SOUTH TAMIAMI TRAIL~~ ~~SUITE 283~~ ~~VENICE, FL 34285~~	PO BOX 550 OSPREY, FL 34229

4/28

2. Principal Place of Business	3. Mailing Address
505 VELASQUEZ DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
OSPREY, FL	City & State
Zip 34229 Country USA	Zip Country

DUE BY MAY 1, 2003

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	7. Name and Address of New Registered Agent
ROBENALT, JOHN F ~~833 SOUTH TAMIAMI TRAIL~~ ~~SUITE 283~~ ~~VENICE, FL 34285~~	Name SAME Street Address (P.O. Box Number is Not Acceptable) 505 VELASQUEZ DR City OSPREY FL Zip Code 34229

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 _____ DATE 4/28/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO: FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$268,440.00		

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 #	P93000084764		
NAME	CENTURY HEALTH CARE INVESTORS OF JACKSONVI		
STREET ADDRESS	~~333 SOUTH TAMIAMI TRAIL, SUITE 283~~	STREET ADDRESS	505 VELASQUEZ DR
CITY-ST-ZIP	~~VENICE, FL 34285~~	CITY-ST-ZIP	OSPREY, FL 34229
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NAME			
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CR2E003 (10/02)

STAPLE CHECK HERE

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: John Robenalt Pres of G.P. 4/28/03 941 944 7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #