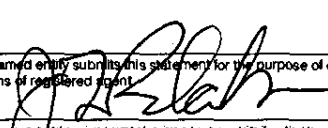
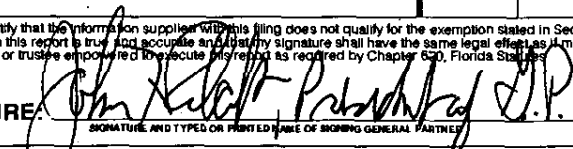


FILED
03 APR 29 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17345			
1. Entity Name DUNNS CREEK LTD.			
Principal Place of Business 333 SOUTH TAMiami TRAIL SUITE 283 VENICE, FL 34285		Mailing Address PO BOX 550 OSPREY, FL 34229	
2. Principal Place of Business SOS VELASQUEZ DR Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State OSPREY, FL		City & State	
Zip 34229		Country USA	
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 333 SOUTH TAMiami TRAIL SUITE 283 VENICE, FL 34285		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) SOS VELASQUEZ DR City OSPREY FL 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			
9. Capital Contributions as Shown on record. \$268,440.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	P93000084764 CENTURY HEALTH CARE INVESTORS OF JACKSONVILLE 333 SOUTH TAMiami TRAIL, SUITE 283 VENICE, FL 34285	STREET ADDRESS CITY-ST-ZIP	SOS VELASQUEZ DR OSPREY, FL 34229
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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:  DATE: 4/28/03 941 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Case 34447755 Daytime Phone #			

STAPLE CHECK HERE

CR2E003 (10/02)

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