2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21499

FILED
2003 JUL 23 AM 8:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

001966O MB

1. Entity Name
WEST GABLES REAL ESTATE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243	PO BOX 380546 BIRMINGHAM AL 35238

2. Principal Place of Business	3. Mailing Address
1200 CORPORATE DRIVE	1200 CORPORATE DRIVE
Suite, Apt. #, etc.: SUITE 340	Suite, Apt. #, etc.: SUITE 340
City & State: BIRMINGHAM, AL	City & State: BIRMINGHAM, AL
Zip: 35242 Country: U.S.A.	Zip: 35242 Country: U.S.A.

DUE BY MAY 1, 2003

4. FEI Number 65-0033102 ☐ 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
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
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
$2,000,000.00		

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 #	M48794	STREET ADDRESS	1200 CORPORATE DRIVE, SUITE 340
NAME	CONTINENTAL MEDICAL SYSTEMS OF FLORIDA, IN	CITY-ST-ZIP	BIRMINGHAM, AL 35242
STREET ADDRESS	ONE HEALTHSOUTH PKWY		
CITY-ST-ZIP	BIRMINGHAM AL 35243		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000021748290 07/23/03--01063--001 **926.25
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CITY-ST-ZIP			

CR2E003 (10/02)

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: Developer Resigned 7/16/03 205 980 9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE