

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A26124

FILED  
Feb 02, 2005  
Secretary of State

**Entity Name:** PINELLAS III HEALTHCARE, LTD. (L.P.)

**Current Principal Place of Business:**

1935 GARRAUX RD., NW  
ATLANTA, GA 30327

**New Principal Place of Business:**

**Current Mailing Address:**

1935 GARRAUX RD., NW  
ATLANTA, GA 30327

**New Mailing Address:**

**FEI Number:** 58-1843413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Capital Contributions as Shown on record:** 200.00

**Amount of Capital Contributions in Florida to date:** 200.00

**GENERAL PARTNER INFORMATION:**

Document #: M99000000515

Name: SBK OF GEORGIA, L.L.C

Address: 1935 GARRAUX ROAD, NW

City-St-Zip: ATLANTA, GA 30327

Document #: M99000000490

Name: SAK, JR., L.L.C.

Address: 200 GALLERIA PKWY, SUITE 1800

City-St-Zip: ATLANTA, GA 30339

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL B. KELLETT

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

02/02/2005

\_\_\_\_\_  
Date