

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A30545

**FILED**  
**Feb 11, 2007**  
**Secretary of State**

**Entity Name:** SARASOTA HEALTH CARE PARTNERS, LTD., LLLP

**Current Principal Place of Business:**

505 VELASQUEZ DRIVE  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

505 VELASQUEZ DRIVE  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 65-0214353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBENALT, JOHN F  
505 VELASQUEZ DRIVE  
OSPREY, FL 34229 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

**GENERAL PARTNER INFORMATION:**

Document #: L53765  
Name: SARASOTA HEALTH CARE CENTER, INC.  
Address: 505 VELASQUEZ DRIVE  
City-St-Zip: OSPREY, FL 34229

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN F. ROBENALT, PRESIDENT

GP

02/11/2007

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

\_\_\_\_\_  
Date