


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021133 FP

DOCUMENT # A30546

1. Entity Name
OCOEE HEALTH CARE PARTNERS LTD., LLLP



FILED

03 MAR 25 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O 200 S BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131

Mailing Address
C/O 200 S BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131

2. Principal Place of Business 701 Brickell Ave Suite, Apt. #, etc. Suite 2525 City & State Miami FL Zip 33131 Country USA		3. Mailing Address 701 Brickell Ave Suite, Apt. #, etc. Suite 2525 City & State Miami FL Zip 33131 Country USA	
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DUE BY MAY 1, 2003

4. FEI Number **59-3026209** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDBAUER, ROGER
C/O 200 S BISCAYNE BLVD., SUITE 2000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
c/o 701 Brickell Avenue

Suite 2525

City **Miami** FL Zip Code **33131**

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. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	L53759
NAME	OCOEE HEALTH CARE CENTERING.
STREET ADDRESS	C/O 200 S BISCAYNE BLVD., SUITE 2000
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	c/o 701 Brickell Ave, Suite 2525
CITY-ST-ZIP	Miami FL 33131
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300014682523
CITY-ST-ZIP	03/25/03 01030 037 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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.

Ocoee Health Care Center, Inc.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **3/20/03** **305-536-1420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFR2003 (10/02)