

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001125

1. Entity Name  
DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNER  
SHIP)



FILED

03 MAR 10 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE VA 24014

Mailing Address  
4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE VA 24014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 54-1691902

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$500.00

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 # M00000001808  
NAME DIXIE INVESTORS, LLC  
STREET ADDRESS 4415 PHEASANT RIDGE ROAD, SUITE 301  
CITY-ST-ZIP ROANOKE VA 24014

STREET ADDRESS

CITY-ST-ZIP

300011626243  
02/03/03--01103--027 \*\*95.62

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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300011626243  
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CITY-ST-ZIP

M THOMAS

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James R. Smith

1-29-03

510-774-7762

Date

Daytime Phone #