2002 UNIFORM BUSINESS REPORT (UBR)

000180 AB

DOCUMENT # A94000000915

1. Entity Name

HUNTINGTON PLACE LIMITED PARTNERSHIP

FILED
02 AUG 15 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1775 HUNTINGTON LANE ROCKLEDGE FL 32955	1775 HUNTINGTON LANE ROCKLEDGE FL 32955

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 04-3239093 ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 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 _____ 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 DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$990.00		

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 #	~~F93000001467~~	STREET ADDRESS	
NAME	~~HARBORSIDE HEALTH I CORPORATION~~	CITY-ST-ZIP	
STREET ADDRESS	~~1775 HUNTINGTON LANE~~		
CITY-ST-ZIP	~~ROCKLEDGE FL 32955~~		
DOCUMENT #	M01000001243	STREET ADDRESS	
NAME	1775 Huntington Lane LLC	CITY-ST-ZIP	
STREET ADDRESS	1775 Huntington Lane		
CITY-ST-ZIP	Rockledge FL 32955		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200007228332--6 -08/20/02--01049--007 ****541.25 ****541.25
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STREET ADDRESS			
CITY-ST-ZIP			

Amendment Deed 8/21/02 Let

CR2E003 (4/02)

STAPLE CHECK HERE

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 William D. Watson 7/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #