

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # A94000000915

1. Entity Name
HUNTINGTON PLACE LIMITED PARTNERSHIP



FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1775 HUNTINGTON LANE
ROCKLEDGE FL 32955**

Mailing Address
**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 MAY 1, 2003

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. **\$990.00**

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

DOCUMENT #	M01000001243
NAME	1775 HUNTINGTON LANE, LLC
STREET ADDRESS	1775 HUNTINGTON LANE
CITY-ST-ZIP	ROCKLEDGE FL 32955
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	
CITY-ST-ZIP	200017838262
STREET ADDRESS	05/01/03--01062--025 **52.50
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	200017838262
STREET ADDRESS	11/12/03--01043--008 **88.75
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

SIGNATURE: *Signature* **4/23/03** **617-646-5680**

202

One Beacon Street
Boston, Massachusetts 02108

Telephone 617-646-5400
Facsimile 617-646-5454
www.harborsidehealthcare.com



HARBORSIDE Healthcare

October 30, 2003

State of Florida
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: 2003 Uniform Business Reports (UBR) for Harborside Rehabilitation Limited Partnership
and Huntington Place Limited Partnership

Dear Sirs:

Please be advised that the above referenced UBR reports were timely filed for 2003 but were submitted with only a partial payment (\$52.50). We received a request for the additional filing fee and remitted the additional amounts in July 2003. In October, 2003, we received notices of revocation. We have just confirmed with our bank that the checks issued in July were never presented for payment.

We are enclosing herewith replacement checks (# 0261090 + # 0261091) in the amounts of \$88.75 each and photocopies of the following:

2003 Annual report dated April 23, 2003 as originally filed

Notice dated May 28, 2003 returning annual report and requesting additional filing fee of \$88.75

Photocopy of checks (#024342 + #0243345) dated July 29, 2003 in the amounts of \$88.75

Certificates of Revocation of Authority

We respectfully request that you accept the enclosed checks in full payment of the 2003 filing fees and re-instate the Certificate of Authority on behalf of each of the above entities.

Thank you in advance for your consideration in this matter,

Sincerely,

Wayne J. Craig
Vice President of Finance