

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A94000001750**  
 1. Entity Name  
**CCRC WOODLANDS, LTD.**

**FILED**

Principal Place of Business  
**TOMPKINS TRACE  
 HILLIARD FL**

Mailing Address  
**4196 HERSCHEL ST.  
 JACKSONVILLE FL 32210**

**01 MAY -2 PM 12:36**  
**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



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

4. FEI Number **59-3283399** Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CASSIDY, RICHARD C SR  
 4846 ALGONQUIN AVE.  
 JACKSONVILLE FL 32216**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$12,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **12,000,000.00**

11. **MAKE CHECK PAYABLE TO 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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P94000091043</b>
NAME	<b>CCRC, CORP.</b>
STREET ADDRESS	<b>4846 ALGONQUIN AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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STREET ADDRESS	
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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:** *Richard Cassidy* **4/30/2001** Date Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)