

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006138 AT

DOCUMENT # **A94000001750**

1. Entity Name  
**CCRC WOODLANDS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

WL  
6/4

02 MAY 28 AM 8:40



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

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**5287 NEW KINGS ROAD**

City & State  
**JACKSONVILLE, FL.**

Zip  
**32209**

Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3283399**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 the 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>4648 ALGONQUIN AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
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	<b>5287 NEW KINGS ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32209</b>
STREET ADDRESS	
CITY-ST-ZIP	
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

SIGNATURE: **Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4.25.02** Davtime Phone # **904 924 9674**

CR2E003 (9/01)