

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000001062

1. Entity Name
 CGH HOSPITAL, LTD.



Principal Place of Business
 3820 STATE STREET
 SANTA BARBARA, CA 93105

Mailing Address
 C/O MARY H. YUMIBE
 3820 STATE STREET
 SANTA BARBARA, CA 93105

2. Principal Place of Business
 13737 Noel Road

3. Mailing Address
 13737 Noel Road

Suite, Apt. #, etc.
 Suite 100

Suite, Apt. #, etc.
 Suite 100

City & State
 Dallas, TX

City & State
 Dallas, TX

Zip
 75240

Country
 USA

Zip
 75240

Country
 USA



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0638215

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY-ST-ZIP	G11755 CORAL GABLES HOSPITAL, INC. 3820 STATE STREET SANTA BARBARA, CA 93105	STREET ADDRESS CITY-ST-ZIP	13737 Noel Road Dallas, TX 75240
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400055185234 05/24/05--01032--016 **376.25
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DOCUMENT # NAME 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)(l), 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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 3/10/05 805-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE