


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A95000001062</b> 1. Entity Name CGH HOSPITAL, LTD.	
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Principal Place of Business 13737 NOEL ROAD, STE 100 DALLAS, TX 75240	Mailing Address 13737 NOEL ROAD, STE 100 DALLAS, TX 75240  ATTN: DONNA JARRELL
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-0638215</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 Maria Ozaeta **Maria Ozaeta** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	G11755	STREET ADDRESS	<b>400067295254</b>
NAME	CORAL GABLES HOSPITAL, INC.	CITY-ST-ZIP	03/07/06--01015--006 **350.00
STREET ADDRESS	13737 NOEL ROAD, STE 100		
CITY-ST-ZIP	DALLAS, TX 75240		
DOCUMENT #		STREET ADDRESS	<b>400067295254</b>
NAME		CITY-ST-ZIP	03/07/06 01015 007 **150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Caithlin Larsen **Caithlin Larsen** 1/26/06 469-893-2701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**SECRETARY OF GP**

**FILED**  
 2006 FEB 24 AM 8:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE