LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR -9 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001317

1. Entity Name

God's V.I.P. Senior Haven, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4681 SW 66 Avenue Suite, Apt. #, etc.	4681 SW 66 Avenue Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33314 Country: Briward	Zip: 33314 Country: Broward

DUE BY MAY 1

4. FEI Number: 65-0679285 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Scott Colton

Street Address (P.O. Box Number is Not Acceptable): 4681 S.W. 66th Avenue

City: Davie **FL** Zip Code: 33314

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
280,000.00	280,000.00	

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

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P96000052609 Colton Management Corp. 4681 S.W. 66th Avenue Davie, FL 33314	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	100005258641--8 -04/12/02--01100--025 ****526.25 ****526.25
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STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ 3/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #