2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 SEP 16 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000951 AT

DOCUMENT # A97000000228

1. Entity Name

HICKORY ASSISTED LIVING, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
540 EAST HISBICUS BLVD. MELBOURNE FL 32901	~~1200 S. PINE ISLAND ROAD PLANTATION FL 33324~~

2. Principal Place of Business		3. Mailing Address	
		1301 N. Congress Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 130	
City & State		City & State Boynton Beach, FL	
Zip	Country	Zip 33426	Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3453782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $1,500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000089845	STREET ADDRESS	
NAME	HEALTH FIRST ASSISTED LIVING, INC.		
STREET ADDRESS	540 EAST HISBICUS BLVD	CITY-ST-ZIP	
CITY-ST-ZIP	MELBOURNE FL 32901		
DOCUMENT #		STREET ADDRESS	700007802997--5
NAME			-09/17/02--01040--024
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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] – General Partner 9/13/02 561-735-0073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (4/02)