

2000 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # A97000000639

1. Entity Name
ELDERLY LIVING LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business
1233 2ND STREET
SARASOTA FL 34236

Mailing Address
1233 2ND STREET
SARASOTA FL 34236



2. Principal Place of Business
107 S. OSPREY
Suite, Apt. #, etc. 200
City & State SARASOTA, FL
Zip 34236 Country USA

3. Mailing Address
SAME as 2.
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0751930
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HARTENSTINE, J. MICHAEL
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

9. Capital Contributions as Shown on record. \$2,103,750.00

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 #	P97000023465	STREET ADDRESS	900003351149-5
NAME	C.R. DEVELOPMENT, INC.	CITY-ST-ZIP	-08/09/00--01076--019
STREET ADDRESS	1233 2ND STREET		*****526.25 *****526.25
CITY-ST-ZIP	SARASOTA FL 34236		
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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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 7/15/2000 Daytime Phone #: 941 953 3267

CR2E003 (5/00)