

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000528**

1. Entity Name  
**CRANE CREEK SENIOR HOUSING PARTNERS, LTD.**



**FILED**  
03 MAY -1 PM 6:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MLH**

Principal Place of Business  
**340 ROYAL POINCIANA PLAZA, SUITE 305  
PALM BEACH FL 33480**

Mailing Address  
**340 ROYAL POINCIANA PLAZA, SUITE 305  
PALM BEACH FL 33480**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**4016 Broadway**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**West Palm Beach, FL**

4. FEI Number **59-3494209**

Applied For  
Not Applicable

Zip Country  
**33407 USA**

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

**HAMLIN, CURTIS D  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205-7595**

Street Address (P.O. Box Number is Not Acceptable)

**FL** Zip

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. **\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **P02000034235**  
NAME **C CREEK, INC.**  
STREET ADDRESS **340 ROYAL POINCIANA PLAZA, SUITE 305**  
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS **The Partnership, Inc.  
4016 Broadway**  
CITY-ST-ZIP **West Palm Beach, FL 33407**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **05/01/03--01022--017 \*\*150.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **900017803799  
05/01/03--01022--017 \*\*150.00**

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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:**

*John Corbett, Pres/CEO*  
**John Corbett, Pres/CEO**

**April 23, 2003 (561) 841-3500 x1**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0004135 AV