

# A98000002110

KUTAK ROCK  
SUITE 2100  
225 PEACHTREE STREET, N.E.  
ATLANTA, GEORGIA 30303-1731

404-222-4600  
FACSIMILE 404-222-4654

http://www.kutakrock.com

September 2, 1998

DENVER  
KANSAS CITY  
LITTLE ROCK  
NEW YORK  
NEWPORT BEACH  
OKLAHOMA CITY  
OMAHA  
PHOENIX  
PITTSBURGH  
WASHINGTON

600002633036--9  
-09/10/98-01032-001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

600002633036--9  
-09/04/98-01130-012  
\*\*\*1750.00 \*\*\*1750.00

700002635997--2  
-09/10/98-01032-001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

**VIA FEDEX**

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
Attention: Certification

Re: Fictitious Name Application and Formation of Limited Partnership

To Whom it May Concern:

Enclosed please find an original and one copy of the Application for Fictitious Name for "Lakeshore Villas Health Care Center Joint Venture" and an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for Heights Nursing Center, L.P. Please note that the Florida Registration Number for Heights Health Care, L.P. is missing from the Fictitious Name Application. We would like to request that you fill in this number once the limited partnership documents for Heights Nursing Center, L.P. enclosed with this letter are processed by your office. In addition, we would like to request certificates of status for the Fictitious Name and the Limited Partnership.

FILED  
SEP 30 1998  
TALLAHASSEE  
FLORIDA

I have enclosed a check in the amount of \$1750 for the formation of the limited partnership and have enclosed a check in the amount \$68.75 for the Fictitious Name Application and the corresponding certificates of status for the fictitious name and the limited partnership. Please use the FedEx envelope enclosed in this package to forward to me the filed stamped copies of the Application for Fictitious Name, the Certificate of Limited Partnership and the Affidavit of Capital Contributions and the requested certificates of status at your earliest

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Name	convenience.	
Availability		
Document Examiner	<i>[Signature]</i>	940
Register	<i>[Signature]</i>	000
Secretary	<i>[Signature]</i>	0
Acknowledgment	Enclosures	000
W. P. Verifier	<i>[Signature]</i>	000

Very truly yours,

*Lori Jones*

Lori H. Jones  
lori.jones@kutakrock.com

\$1,750.00  
27

# Heights HealthCare Company, LLC



FILED  
SEP 10 PM 4: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VIA OVERNIGHT MAIL

September 9, 1998

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
Attention: Certification

Re: Formation of Heights Nursing Center Limited Partnership

To Whom it May Concern:

Enclosed please find an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for Heights Nursing Center Limited Partnership. Please note that the original application for Heights Nursing Center Limited Partnership was rejected by the Florida Department of State because the name of the partnership contained the abbreviation, L.P. Therefore, we have corrected this deficiency and are resubmitting our Certificate of Limited Partnership and Affidavit of Capital Contributions. Please note that the Florida Department of State has retained our check for the filing fee for the formation of the limited partnership and for the requested certificate of status. In addition, we have enclosed a check for \$35 made payable to the Florida Department of State and would like to request a certificate of status for the Limited Partnership.

Please forward to me the filed stamped copies of the Certificate of Limited Partnership and the Affidavit of Capital Contributions and the requested certificate of status at your earliest convenience to me at the above address. If you have any questions, please do not hesitate to contact me at (813) 651-4184.

Very truly yours,

  
David R. Vaughan

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210 South Parsons Avenue ~ Suite 12 ~ Brandon, FL 33511  
Phone: (813) 651-4184 ~ Fax: (813) 651-4183

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 8, 1998

LORI H. JOPNES  
KUTAK ROCK  
225 PEACHTREE STREET, N.E., STE 2100  
ATLANTA, GA 30303-1731

SUBJECT: HEIGHTS NURSING CENTER, L.P.  
Ref. Number: W98000020431

FILED  
98 SEP 10 PM 4: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HEIGHTS NURSING CENTER, L.P. and your check(s) totaling \$1750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

The registered agent must sign accepting the designation.

You failed to include the filing fee for the designation of the registered agent. We need an additional \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 298A00045653

*David Cushing*

**CERTIFICATE OF LIMITED PARTNERSHIP**

1. Heights Nursing Center Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. Suite 12, 210 South Parsons Drive, Brandon, FL 33511  
(Business address of Limited Partnership)
3. David Vaughan  
(Name of Registered Agent for Service of Process)
4. Suite 12, South Parsons Drive, Brandon, FL 33511  
(Florida street address for Registered Agent)
5. *David R Vaughan*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. (Same as above)  
(Mailing Address of the Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
08 SEP 10 PM 4:30

FILED

7. The latest date upon which the Limited Partnership is to be dissolved is: 2030

8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

Heights HealthCare Company, L.L.C. Suite 12, 210 South Parsons Drive

*198-905* Brandon, FL 33511

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 9th day of September, 19 98.

Signature of all general partners:

*David R Vaughan* \_\_\_\_\_  
General Partner General Partner

\_\_\_\_\_ General Partner  
General Partner

\_\_\_\_\_ General Partner  
General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

FILED  
98 SEP 10 PM 4: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of Heights Nursing Center  
Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 750,000

Signed this 9th day of September, 19 98

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.*

David R. Vaughan  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner