


# 2000 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # A98000002547</b>			
1. Entity Name <b>TWIN OAKS AT PASS CHRISTIAN LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>200 SANDY SPRINGS PLACE, SUITE 200 ATLANTA GA 30328</b>		Mailing Address <b>200 SANDY SPRINGS PLACE, SUITE 200 ATLANTA GA 30328</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>58 24952</b>	APPLIED FOR <b>33</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>

**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 # <b>F99000005379</b>	STREET ADDRESS	<b>000003334870--7</b> <b>-07/25/00--01046--013</b> <b>****141.25 ****141.25</b>	
NAME <b>SENIOR CONCEPTS OF MISSISSIPPI, INC.</b>	CITY-ST-ZIP		
STREET ADDRESS <b>200 SANDY SPRINGS PLACE, SUITE 200</b>	STREET ADDRESS		
CITY-ST-ZIP <b>ATLANTA GA 30328</b>	CITY-ST-ZIP		
DOCUMENT #	STREET ADDRESS		
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NAME	CITY-ST-ZIP		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	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:**  **Alexander S. Hill** 7/11/00 4642501377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (5/00)