

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002870.**

1. Entity Name
HATTON HOUSE SENIOR HOUSING PARTNERS, LTD.



FILED

03 MAY -1 PM 6:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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 **59-3548587**

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

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

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. 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 # **P02000034250**
NAME **H HOUSE, 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 **200017803842**
CITY-ST-ZIP **05/01/03--01022--018 **150.00**

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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: **John Corbett** April 23, 2003 (561) 841-3500 x 14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0004058 AV