

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAY -8 AM 8:53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # B02000000406

1. Entity Name
**EAKES INVESTMENT COMPANY, LIMITED
PARTNERSHIP**



Principal Place of Business
206 K AVE.
KURE BEACH, NC 28449

Mailing Address
206 K AVE.
KURE BEACH, NC 28449

2. Principal Place of Business
P.O. Box 149
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 149
Suite, Apt. #, etc.

City & State
Kure Beach, NC
Zip
28449

Country
USA

City & State
Kure Beach, NC
Zip
28449

Country
USA



DUE BY MAY 1, 2003

4. FEI Number
56-1077474

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD., STE. 4100
FT LAUDERDALE, FL 33309

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. \$1,763,287.19

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # F02000006093
NAME PLEASANT CARE, INC.
STREET ADDRESS 206 K AVE.
CITY-ST-ZIP KURE BEACH, NC 28449

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS P.O. Box 149
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

700018470557
05/08/03--01005--006 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Doris W. Eakes Pres.
Pleasant Care Inc

Date

5/1/03

Daytime Phone #

910-458-6689

STAPLE CHECK HERE

CR2E003 (10/02)