

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000237

1. Entity Name
LIBERTY ASSISTED LIVING CENTERS LIMITED PARTNERS
HIP



FILED

03 APR -9 AM 8:32

Principal Place of Business
2150 GOODLETTE RD., SUITE 800
NAPLES FL 34102

Mailing Address
2150 GOODLETTE RD., SUITE 800
NAPLES FL 34102

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3073 HORSESHOE DR.

Suite, Apt. #, etc.

STE. 100

City & State

NAPLES FL

Zip

34104

Country

USA

3. Mailing Address

3073 HORSESHOE DR.

Suite, Apt. #, etc.

STE. 100

City & State

NAPLES FL

Zip

34104

Country

USA

DUE BY MAY 1, 2003

4. FEI Number 58-2051808

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301

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.

\$500,000.00

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

DOCUMENT # F93000002513
NAME LIBERTY ASSISTED LIVING CENTERS OF FL, INC
STREET ADDRESS 2150 GOODLETTE RD., SUITE 800
CITY-ST-ZIP NAPLES FL 34102

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

3073 HORSESHOE DR., STE. 100

CITY-ST-ZIP

NAPLES, FL 34104

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

M THOMAS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

239-262-8006