

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000502

1. Entity Name
TEXAS REHAB PARTNERS, LTD.



FILED

2003 APR 21 PM 2:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
950 N. ORLANDO AVE., SUITE 120
WINTER PARK FL 32789

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business
310 WAYMONT COURT

3. Mailing Address

Suite, Apt. #, etc.
SUITE 104

Suite, Apt. #, etc.

City & State
LAKE MARY, FL

City & State

Zip
32746

Country
USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3191526

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions \$3,007,000.00
as Shown on record.

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 # P92000010892
NAME AMERICA'S PREFERRED HOMES, INC.
STREET ADDRESS 950 N. ORLANDO AVE., SUITE 120
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS 310 WAYMONT COURT, SUITE 104
CITY-ST-ZIP LAKE MARY FL 32746

DOCUMENT #
NAME
STREET ADDRESS 700016340087
CITY-ST-ZIP 04/21/03--01013--007 **446.25

DOCUMENT #
NAME
STREET ADDRESS 700016340087
CITY-ST-ZIP 04/21/03--01013--006 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: AS President of America's Preferred Homes, Inc.
The General Partner of Texas Rehab Partners, Ltd.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 3/26/03 Daytime Phone # 407 628-4544

CR2E003 (10/02)