

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # B94000000535

1. Entity Name

**HEALTHSOUTH OF FT. LAUDERDALE LIMITED
PARTNERSHIP**



Principal Place of Business

**4399 NOB HILL RD.
FT LAUDERDALE FL 33351**

Mailing Address

**P.O. BOX 380546
BIRMINGHAM AL 35238**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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.

\$9,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

**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 # **F93000003891**
NAME **HEALTHSOUTH REAL PROPERTY HOLDING CORP.**
STREET ADDRESS **ONE HEALTHSOUTH PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

/ Brian M. Menke (205) 967-7116

Date

Daytime Phone #

FILED

2005 MAY -4 PM 3: 52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

4. FEI Number **63-1134714**

Applied For

Not Applicable

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

STAPLE CHECK HERE