

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000268

1. Entity Name
WYNWOOD OF DUNEDIN L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06 *mj*

Principal Place of Business Mailing Address

450 N. SUNNYSLOPE RD., SUITE 300 450 N. SUNNYSLOPE RD., SUITE 300
BROOKFIELD WI 53005 BROOKFIELD WI 53005-4861



2. Principal Place of Business 3. Mailing Address

10000 Innovation Dr. *10000 Innovation Dr.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Tax Dept. *Tax Dept.*

DO NOT WRITE IN THIS SPACE

City & State City & State

Milwaukee WI *Milwaukee WI*

Zip Country Zip Country

53224 *53224*

4. FEI Number Applied For

39-1966571 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$300,000.00 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	F94000003182 ALTERRA HEALTHCARE CORPORATION 450 N. SUNNYSLOPE RD., SUITE 300 BROOKFIELD WI 53005
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<i>10000 Innovation Dr.</i> <i>Milwaukee WI 53226</i>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	700003285747--9 06/12/00 01134 022 ****535.00 ****535.00
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
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: *Mark J. Chapman* *4-21-2000* *414-918-5593*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #