

2000 UNIFORM BUSINESS REPORT (UBR)

1000000000

DOCUMENT # **B99000000269**

1. Entity Name
WYNWOOD OF BOYNTON BEACH WEST LP.

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

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.
City & State City & State
Milwaukee WI Milwaukee WI
Zip Country Zip Country
53226 53226

DO NOT WRITE IN THIS SPACE

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. **\$325,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F94000003182	STREET ADDRESS	10000 Innovation Dr.
NAME	ALTERRA HEALTHCARE CORPORATION	CITY - ST - ZIP	Milwaukee WI 53226
STREET ADDRESS	450 N. SUNNYSLOPE RD., SUITE 300		
CITY - ST - ZIP	BROOKFIELD WI 53005		
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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: Mark J. Chapman Date: 4-21-2000 Daytime Phone #: 414-918-5593

FORM 1500 - 01