

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000353**

1. Entity Name

WYNWOOD OF SARASOTA L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business

450 NORTH SUNNYSLOPE ROAD, SUITE 300
BROOKFIELD WI 53005

Mailing Address

450 NORTH SUNNYSLOPE ROAD, SUITE 300
BROOKFIELD WI 53005-4861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10000 Innovation Dr.

3. Mailing Address

10000 Innovation Dr.

Suite, Apt. #, etc.

Tax Dept.

Suite, Apt. #, etc.

Tax Dept.

City & State

Milwaukee WI

City & State

Milwaukee WI

4. FEI Number

39-1973274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

53224

Zip

Country

53224

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$350,000.00

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 # F94000003182
NAME ALTERRA HEALTHCARE CORPORATION
STREET ADDRESS 450 NORTH SUNNYSLOPE ROAD, SUITE 300
CITY - ST - ZIP BROOKFIELD WI 53005

13. ADDRESS CHANGES ONLY

STREET ADDRESS 10000 Innovation Dr.
CITY - ST - ZIP Milwaukee WI 53224

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

900003285729--5

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

06/12/00 01134-015
****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Mark J. Chapman
Mark J. Chapman

4-21-2000

Date

414-918-5593

Daytime Phone #

FILED 1005-01