

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000356
 1. Entity Name
WYNWOOD OF BOYNTON BEACH CONGRESS 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

[Handwritten Signature]



2. Principal Place of Business: 10000 Innovation Dr, Suite, Apt. #, etc. Milwaukee Tax Dept, WI
 3. Mailing Address: 10000 Innovation Dr, Suite, Apt. #, etc. Tax Dept, Milwaukee WI

DO NOT WRITE IN THIS SPACE

City & State: WI
 Zip: 53224
 Country: [Blank]

4. FEI Number: 39-1973277
 Applied For: 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: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] FL Zip Code: [Blank]

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: [Blank]
 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	10000 Innovation Dr.
CITY - ST - ZIP	Milwan Kee WI 53226
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	500003285745--5
CITY - ST - ZIP	-06/12/00--01134--021
STREET ADDRESS	***535.00 ***535.00
CITY - ST - ZIP	
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: *[Handwritten Signature]* Mark J. Chapman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 4-21-00
 Daytime Phone #: 414-918-5593

FILED 0003 (3/14/01)