

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000532

**Entity Name:** HEALTHCARE RESIDENTIAL, LLLP

**Current Principal Place of Business:**

19308 SW 380 STREET  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P.O. BOX 343529  
FLORIDA CITY, FL 33034 US

**FEI Number: 36-4715821**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KIRK, STEVEN C  
19308 SW 380TH SREET  
FLORIDA CITY, FL 33034 US

*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: STEVEN C KIRK**

**04/13/2023**

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name EVERGLADES HEALTHCARE  
RESIDENTIAL LLC

Address 19308 SW 380 STREET

City-State-Zip: FLORIDA CITY FL 33034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN C KIRK**

**REGISTER AGENT**

**04/13/2023**

Electronic Signature of Signing General Partner Detail

Date