

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000001693

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** HORIZON SENIOR LIFESTYLES, II, LTD.

**Current Principal Place of Business:**

111 2ND AVE. N.E., STE. 805  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

2435 FIRST AVE N  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

111 2ND AVE. N.E., STE 805  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

2435 FIRST AVE N  
ST. PETERSBURG, FL 33713

**FEI Number:** 65-1053421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BACON, DAVID A ESQ  
2959 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

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

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:

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 4,800,001.00

**Amount of Capital Contributions in Florida to date:** 4,800,001.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P01000044137  
Name: AUTUMN CARE, INC.  
Address: 111 2ND AVE. N.E., STE 805  
City-St-Zip: ST. PETERSBURG, FL 33701

Address: 2435 FIRST AVE N  
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JAMES SOPER

P

04/28/2005

Electronic Signature of Signing General Partner

Date