

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000532

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** HEALTHCARE RESIDENTIAL, LTD.

**Current Principal Place of Business:**

9400 SOUTH DADELAND BOULEVARD  
SUITE 100  
MIAMI, FL 33156

**New Principal Place of Business:**

19308 SW 380 STREET  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

9400 SOUTH DADELAND BOULEVARD  
SUITE 100  
MIAMI, FL 33156

**New Mailing Address:**

P.O. BOX 343529  
FLORIDA CITY, FL 33034

**FEI Number:** 36-4715821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COHEN, GARY J  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 1500 (GJC)  
MIAMI, FL 33131 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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: EVERGLADES HEALTHCARE RESIDENTIAL LLC  
Address: 9400 SOUTH DADELAND BLVD, SUITE 100  
City-St-Zip: MIAMI, FL 33156

**ADDRESS CHANGES ONLY:**

Address: 19308 SW 380 STREET  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby 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: STEVEN KIRK

GP

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date