

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21316

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** ENCORE NURSING CENTER PARTNERS, LTD. - 85

**Current Principal Place of Business:**

707 WESTCHESTER AVE SUITE 401  
WHITE PLAINS, NY 10604 US

**New Principal Place of Business:**

707 WESTCHESTER AVE  
SUITE 401  
WHITE PLAINS, NY 10604 US

**Current Mailing Address:**

707 WESTCHESTER AVE SUITE 401  
WHITE PLAINS, NY 10604 US

**New Mailing Address:**

707 WESTCHESTER AVE  
SUITE 401  
WHITE PLAINS, NY 10604 US

**FEI Number:** 13-3304280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 #: F00000006736  
Name: ENCORE RETIREMENT CENTER  
Address: 707 WESTCHESTER AVE SUITE 401  
City-St-Zip: WHITE PLAINS, NY 10604

**ADDRESS CHANGES ONLY:**

Address: 707 WESTCHESTER AVE, SUITE 401  
City-St-Zip: WHITE PLAINS, NY 10604

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: DARETH JEFFERS

POA

03/31/2012

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

\_\_\_\_\_  
Date