

2ND NOTICE: 60 DAYS NOTICE OF INTENT TO REVOKE
THIS LIMITED PARTNERSHIP WILL BE REVOKED IF REPORT IS NOT FILED BY APRIL 12, 1995

**LIMITED PARTNERSHIP
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR -2 AM 11:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A25806

LARGO A.C.L.F., LTD.

Mailing Address

750 STARKEY RD. #101
LARGO FL 34641

Principal Office Address

750 STARKEY RD. #101
LARGO FL 34641

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Registered to Do Business in FLORIDA
01/19/1988

3a. Date of Last Report
07/01/1994

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record:
\$850,000.00

5b. Amount of Capital Contributions in
FLORIDA to date:
461,000

6. FEI Number
59-2844100

Applied For
Not Applicable

7. \$8.75 Additional Fee
required
for a Certificate of Status ☐

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO s.607.193, FLORIDA STATUTES. THE FEES SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning fees, please call (904) 487-6056.
Please submit your 1995 annual report with a check payable to the Department of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent

MOSES, MICHAEL J II
750 STARKEY RD
SUITE 101
LARGO FL 34641

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Michael J. Moses II
President
Congregate Care Concepts, Inc.
sole General Partner
Largo A.C.L.F., Ltd.

DATE

4/7/95

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)

CONGREGATE CARE CONCEPTS

11a. Address of Each General Partner(s)
(Do NOT Use Post Office Box Numbers)

750 STARKEY RD.

11b. City and State

LARGO FL

11c. Registration
Document Number

J91884

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-04/02/97--01077--001
****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I, the undersigned, further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Michael J. Moses II
President
Congregate Care Concepts, Inc.
sole General Partner
Largo A.C.L.F., Ltd.
dba The Homestead of Largo

DATE

4/7/95

Typed or Printed Name of General Partner Signing Form

Telephone Number

813/587-0532

CR2E003 (11/94)



A25806

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 25, 1996

Michael J. Moses II
LARGO A.C.L.F., LTD.
750 Starkey Rd., #101
Largo, FL 34641

SUBJECT: LARGO A.C.L.F., LTD.
Reference: A25806


Dear Mr. Moses:

The purpose of this letter is to advise you that the above referenced limited partnership failed to file a 1995 limited partnership annual report form with this office due to a clerical error on our part. Therefore, we are enclosing a 1995 Limited Partnership Annual Report form for the limited partnership to complete and return to this office with a check made payable to the Florida Department of State for \$576.25.

To avoid the revocation of its certificate of authority, it is imperative that the limited partnership return said report and check to the undersigned within the next 60 days. A self-addressed stamped envelope is enclosed for your convenience.

Should you have any questions concerning the filing of this report, please do not hesitate to contact the undersigned. Your anticipated cooperation and understanding regarding this matter are sincerely appreciated.

Sincerely,


(Mrs.) Brenda L. Tadlock
Sr. Section Administrator
Registration Section
(904) 487-6911

/blt

Enclosures