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The same of Limited Perdenting       The A25BOG         ARGO A.C.L.F., LTD.       Image: Control of Registered         Matting Address       Principal Office Address         20 STARKET RD. #101 LIMOD R. \$3711       To STARKET RD. #101 LIMOD R. \$3711         21. Maining Address       24. Principal Office Address         20. Starket RD. #101 LIMOD R. \$3711       Starket RD. #101 LIMOD R. \$3711         21. Maining Address       24. Principal Office Address         21. Maining Address       Control         22. Control       State Control         29. More and Address of Current Registered Agent       10. Proteined new Registered Agent         30. Starket P RD       State Current Registered Agent         30. The Edge Transform Current Registered Agent       10. Proteined new Registered Agent         30. The Edge Transform Current Registered Agent       10. Proteined new Registered Agent         30. The Address of Current Registered Agent       10. Proteined new Registered Agent         30. The Address of Link Registered Agent       10. Proteined New Registered Agent         30. Registere	LIMITED PARTNERSHIP ANNUAL REPORT	FLORIDA DEPARTMENT Sandra B. Morth Secretary of State	OF STATE am	99114R 10	LD Y OF STATE ORFORATIONS	
Material Address       Principal Office Address       3. Date Formed of Regulated         20 STARKEY R0, #101 LARCO R. 33771       7:0 STARKEY R0, #101 LARCO R. 33771       5:3. Date Formed of Regulated       5:8. Center Conference on Date of Date Regulated         2. Maining Address       2:8. Principal Office Address       1:0. Date of Terminan       5:8. Status of Terminan         2. Maining Address       2:8. Principal Office Address       F.       5:8. Status of Terminan       5:8. Status of Terminan         2. Maining Address       2:8. Principal Office Address       F.       5:8. Status of Terminan       5:8. Status of Terminan         2. Maining Address       2:8. Principal Office Address       F.       6. F. Fernanzen       5:8. Status of Terminan         3. Date of Country       Zip       Country       7:0 Country       8. Main Chain, prinzible to Capit of Status (Sec reverses, Sec for the information of Terminan         9. More and Address of Current Registered Agent       10. If Chains of the Registered Agent Office       10:8. Terminan of Terminan         7:0 STARKEY RD       Status (Sec reverses, Sec for the information of Registered Agent Office       10:8. Terminan of Capital         10. For the Registered Agent Office       Status (Sec reverses, Sec for the information of Registered Agent Office       10:8. Terminan         10. Terminant in the graphice of the office Sec Agent Office       Seconference Agent Office       10:8.	1. Name of Limited Partnership		#	POTIAN 19	PH 2: 54	
70 STARKEY RD, #101 LARGO FL 33771       7:0 STARKEY RD, #101 LARGO FL 33771       0/1/9/1988 3a. cover (run Targent 0/1/9/1988       SS0.000.00         2. Mailing Address       2a. Principal Office Address       FL       SS0.000.00         3. Mailing Address       2a. Principal Office Address       FL       SS0.000.00         Suffic. Aptl. #, etc.       Suffic. Aptl. #, etc.       5: etc. Handler       FL         City & State       City & State       City & State       D. Applied For- Sp.2844 100       Applied For- Sp.2844 100         2. Mailing Address of Current Regulated Agent       T. contracte of Status Deviced       Sp.25 Addcess       Sp.25 Addcess         2. Nume and Address of Current Regulated Agent       10. If Campet for Department Agent Utifics       Sp.25 Addcess       Sp.25 Addcess         3. Marks and Address of Current Regulated Agent       Nome       State Country       State Coun	ARGO A.C.L.F., LTD.					
250 STARKEY RD. #101 LARGO FL 3371       250 STARKEY RD. #101 LARGO FL 3371       01/1/9/1988 3.8. Date of La Report 01/09/1988       \$850,000.00         2. Mailing Address       2.8. Principal Office Address       FL       51. Amount of Cegal Office Address       51. Amount of Cegal Office Address         2. Mailing Address       2.8. Principal Office Address       FL       6. FC Hanses       Dapied For Not Applied For	Mailing Address	Principal Office Address	3. Date Form	ed or Registered 5a	Capital Contributions as     Shown on record	
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2. Multing Address     2a. Principal Office Address     4. Suble Clouity of Fermation     In data       Suble, Apt. #, etc.     Suble, Apt. #, etc.     B. FE Number     Applied For Not Applicable       Zip     Country     Zip     Country     B. 75 Nathcool     Not Applicable       Zip     Country     Zip     Country     B. 75 Nathcool     B. 75 Nathcool     State       9. Name and Address of Courtent Registered Agent     10. If charged, new for State (State Country for Exception)     State (State Country for Exception)     State (State Country for Exception)       9. Name and Address of Courtent Registered Agent     10. If charged, new for Exceptions     State (State Country for Exception)     State (State Country for Exception)       9. Name and Address of Courtent Registered Agent     10. If charged, new for Exceptions     State (State Country for Exception)     State (State Country for Exception)       9. Name and Address of Courtent Registered Agent (State Exception)     State (State Country for Exception)     State (State Country for Exception)     State (State Country for Exception)       9. Name and Address of Courtent Registered Agent     10. If charged, state (State Country for Exception)     State (State Country for Exception)     State (State Country for Exception)       9. Option (State Country for Exception)     State (State Country for Exception)     State (State Country for Exception)     State (State Country for Exception)       10. Option (State Country		LANGO FL 33771	]	· · · ·		
Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.       S. FET Number       Applied For         City & State       City & State       Country       Zp       Country       Sp. State	2. Mailing Address	2a. Principal Office Address	<b>4.</b> State or Co	ountry of Formation	Contributions in FLORIDA to date	
City & State       City & State       Sp2ed 4100       Papeled Free         Zip       Country       Zip       Country       State       State       State         Zip       Country       Zip       Country       State       State <t< td=""><td>Suite, Apt. #, etc.</td><td>Suite, Apt. #, etc.</td><td>· · · · · · · · · · · · · · · · · · ·</td><td>er</td><td></td></t<>	Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	er		
Zip       Country       Zip       Country       R. Consideration of Status Desired       Status Desired Agent/Office       Status Desired Age	City & State	City & State				
9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office         MOSES, MICHAEL J II       Nome         750 STARKEY RD       Street Address (PO. Box Number Is Not Acceptable)         Suffer 101       Suffer Agit #. efc         LARGO FL 34641       City         T0.       If changed, new Registered Agent/Office         10a.       Pursuent to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above named hmired partnership organized or mostered under the laws of the State of Florida, submits its registered agent or both, in the State of Florida, Such change was authorized by its general partnersh). I hereby accept the appointment of registered agent or both, in the State of Florida, Such change was authorized by its general partnersh). I hereby accept the appointment of registered agent or both, in the State of Florida, Such as States         SIGNATURE (Registered Agent Accepting Appointment)       DATE         A GENEERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       11c.         More () of General Partner(s)       11a. (Do NOT Use Florid Office Box Number)       11b. City, State & 2c Code       11c.         ONOREGATE CARE CONCEPTS       750 STARKEY RD.       LARGO FL       J DODDOC 2E I 185:17'151         -03/255/937011110D02       ####385, 00       1 00000 2E I 185:17'151         -03/255/937-011110D02       ####141, 25       ####141, 25 <td>-</td> <td></td> <td>·····</td> <td></td> <td>Fee Required</td>	-		·····		Fee Required	
MOSES, MICHAEL J I       Nerre         Suffer 101       Suffer 101         LARGO FL 34641       Suffer 201         10a.       Pursuant to the provisions of eachors 520 1051 and 520 192. Florida Statules, the above named initial partnership organized or registered under the laws of the State of Fonda, submits his statement of the provisions of eachors 520 1051 and 520 192. Florida Statules, the above named initial partnership organized or registered under the laws of the State of Fonda, submits his statement of the provisions of eachors 520 1051 and 520 192. Florida Statules, the above named initial partnership organized or registered under the laws of the State of Fonda, submits this statement of the provisions of each to ecopy the displayment of registered agent or tools. In the State of Disp. Fonda Statutes         10a.       Pursuant to the provisions of eachors 520 1051 and 520 192. Florida Statutes         stoch approace of changing Appointment)       Date         A General Partners HIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THINS OFFICE.       Date         11.       Nerw(r) of General Partners (s)       11a. (bo NOT Use Post Office Box Numbers)       11b. City. State 8.2p. Code       11c. Registration/ Post/25/190011110001         *****38500       110CIDIC/251 18517151       -03/25/190011110001       *****38500         *****14125       *****14125       *****14125       *****14125         Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.       Toregister or			8, Make chec	k payable to Dept of State (S	ee reverse side for fee information)	
MOSES, MICHAEL J II       Street Address (P.O. Box Number is Not Acceptable)         SUITE 101       Suite, Aqt. 8, etc.         LARGO FL 34641       Gay         10a.       Pursuant to the provisions of sections 620 1051 and 620 192. Florida Studies, the above named meted partnership organized or registered and/or the lass of the State of Florida. Subtheting agent. 1 am familiar with, and accept the abgointment of registered agent, and 620 192. Florida Studies, the above named meted partnership organized or registered agent, and 620 192. Florida Studies.         StopPartURE (Registered Agent Accepting to registered agent, and 620 192. Florida Studies.       Data Studies         StopPartURE (Registered Agent Accepting Appointment)       DATE         AGENEERAL PARTNEE THAT IS A CORPORATION, LIMITED PARTNEERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(a) of General Partner(s)       11a. (Do NOT Use Post Office Box Number)       11b. Criv. State 8.2p. Code       11c. Registration?         11.       Name(a) of General Partner(s)       11a. (Do NOT Use Post Office Box Number)       11b. Criv. State 8.2p. Code       11c. Registration?         10.000002281 BS: 7/1St.       -03/255/930111D001       *****335.00       *****335.00       *****335.00         10.00002281 BS: 7/1St.       -03/25/93-0111D001       *****141.25       *****141.25       *****141.25         10.00002281 BS: 7/1St.       -03/25/93-0111D002       *****	9. Name and Address of Curr			anged, new Registered Agenly	Office	
SUITE 101 LARGO FL 34641       Suite. Apt. #, #C         10a.       Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above named invited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. Submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. Submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. Submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. Submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. Submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. Submits this statement for the purpose of changing its registered agent, or both, is state of Florida. Submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. Submits this statement for the purpose of changing its registered agent. In the State of Florida. Submits this statement for the purpose of changing its registered agent. In the State of Florida. Submits this statement for the purpose of changing its registered agent. In the State of Florida. Submits this statement for the purpose of changing its registered agent. In the State of Florida. Submits this statement for the purpose of changing its registered agent. In the State of Florida. Submits this statement for the purpose of changing its registered agent. In the State of Florida. Submits this state of Florida. Submits this statement for the information submits the state of Florida. Submits the state florida. Submits the state of Florida. Sub				Acceptable)	····-	
LARGO FL 34641       City       FL       Zp Code         10a.       Pursuant to the provisions of sections 520 1051 and 520 192; Florida Stalutes, the above named initial partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered drive or registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620 192; Florida Statutes         SIGNATURE (Registered Agent Accepting Appointment)       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Neme(s) of General Partner(s)       11a. (Do NOT Lise Foat Office Box Numbers)       11b. City, State 8.2 p. Code       11c. Degration         CONOREGATE CARE CONCEPTS       750 STARKEY RD.       LARGO FL       J 00000228 1 8517 151         -03/255/9301110001       ****3835.00       ****385.00         *****141, 25       ****141, 25       ****141, 25         *****141, 25       ****141, 25       ****141, 25         *****141, 25       ****141, 25       ****141, 25						
for the purpose of changing its registered diffeor or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the abgeintment of registered agent are different and accept the abgeintment)         DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11. Neme(s) of General Partner(s)         11a. Address of Each General Partner         11b. Criv. State & 2p. Code         1000002/2011 8517/1 SI         CONGREGATE CARE CONCEPTS         750 STARKEY RD.         LARGO FL         JUDITIO 2/2011 8517/1 SI         -03/25/9301110001         *****385.00         ***********************************		City			CI Zip Code	
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)       11a.       Address of Each General Partner       11b.       City. State & 2ip. Code       11c.       Registration/ Document Number         CONOREGATE CARE CONCEPTS       11a.       Colspan="2">Constrained State Back Numbers)         CONOREGATE CARE CONCEPTS       750 STARKEY RD.       LARGO FL       J91884         J00000281 85:719: -037/25/8901110001 ****3835.00         -033/25/9901110001 ****3835.00         *****141.25         -033/25/9901110001 *****385.00         *****141.25         ***********************************	for the purpose of changing its registered office agent 1 am familiar with, and accept the obligati SIGNATURE (Registered Agent Accepting Appointment)	or registered agent, or both, In the State of Florida. Such ons of section 620.192, Florida Statutes	change was authorized by its gen	aral partner(s). I hereby accep	I the appointment of registered	
11.       Name(s) of General Partner(s)       11a. Address of Each General Partner       11b. City. State & Zip Code       11c. Registration/ Document Number         CONOREGATE CARE CONCEPTS       750 STARKEY RD.       LARGO FL       J91884         J DDDDD2EE 185171Si -03./25./9301110001       -03./25./9301110001         *****385.00       *****385.00         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       ****14         .25       ****141.25         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002         *       -03./25./9301110002	A GENERAL PARTNER THA	T IS A CORPORATION, LIMIT ST BE REGISTERED AND AC	ED PARTNERSHI	P OR OTHER B	USINESS ENTITY	
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<ul> <li>-03/25/9301110001 ****385.00</li> <li>i 000028185:715i -03/25/9301110002 ****141.25</li> <li>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</li> <li>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: Trelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k). Florida Statutes: Trelease the Division of this ensual report is true and accurate and that my signature shell have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620. Florida Statutes.</li> </ul>	CONGREGATE CARE CONCEPTS	750 STARKEY RD.	LARGO FL		J91884	
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Treed or Printed Name of General Permier Storing Form Fresident, Judy Br Results IS JC navima Talanhona Number 813 585 2381	SIGNATURE			DATE SI	0/50	
	Typed or Printed Name of General Partner Signing Form	President, Judge Br Reaul	はひん Davlime Tel	aphone Number 813	585 7381	

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