2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER,

FILED Apr 09, 2007 08:00 AM Secretary of State DOCUMENT # A95000000491 AFFORDABLE/GLEN OAKS, LTD. Principal Place of Business Mailing Address 615 CRESCENT EXECUTIVE COURT, SUITE 1 615 CRESCENT EXECUTIVE COURT, SUITE 1 LAKE MARY FL 32745 LAKE MARY FL 32745 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & Stalo Applied For 4. FEI Number 65-0718182 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desirod П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAY, N. DWAYNE JR. Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET SUITE 500 ORLANDO FL 32801 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # L95000000220 STREET ADDRESS NAME. GLEN OAKS OF TALLAHASSEE, L.C. STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, SUITE 120 CITY-ST-ZIP CHY+SI-7IP <u>U00000696997</u> 04/18/07-80022-014 500.00 LAKE MARY FL 32745 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-SI-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP Crity-SI-ZiP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP C!TY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 14. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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