## 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A97000000228

Entity Name: HICKORY ASSISTED LIVING, LIMITED PARTNERSHIP

Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4661 JOHNSON RD SUITE 7 4661 JOHNSON RD COCONUT CREEK, FL 33073

SUITE 7

COCONUT CREEK, FL 33073

**Current Mailing Address: New Mailing Address:** 

4661 JOHNSON RD SUITE 7 4661 JOHNSON RD COCONUT CREEK, FL 33073

SUITE 7

COCONUT CREEK, FL 33073

FEI Number: 59-3453782 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SENIOR LIVING PROPERTIES - FAITH, LLC SENIOR LIVING PROPERTIES - FAITH, LLC 1301 N. CONGRESS AVENUE - SUITE 130 4661 JOHNSON ROAD

BOYNTON BEACH, FL 33426 SUITE 7 COCONUT CREEK, FL 33073 US

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: 04/29/2005

> Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 1,500,000.00

Amount of Capital Contributions in Florida to date: 1,500,000.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: P96000089845

HEALTH FIRST ASSISTED LIVING, INC. Name:

540 EAST HISBICUS BLVD Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further 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: DENNIS WAGNER GP 04/29/2005