2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# A97000000228

Entity Name: HICKORY ASSISTED LIVING, LIMITED PARTNERSHIP

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

ATTN: ROBERTHA STONER, CONTROLLER
3300 SOUTH FISKE BLVD.
ROCKLEDGE, FL 32955

New Mailing Address:

ATTN: ROBERTA STONER, CONTROLLER
3300 SOUTH FISKE BOULEVARD
ROCKLEDGE, FL 32955

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

Name and Address of Current Registered Agent:

MATHIAS, DAVID E ESQ
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 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: DAVID E. MATHIAS 04/13/2009
Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #: P96000089845
Name: HEALTH FIRST ASSISTED LIVING, INC.
Address: 540 EAST HISBICUS BLVD
City-St-Zip: MELBOURNE, FL 32901

ADDRESS CHANGES ONLY:

Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: LARRY F. GARRISON D 04/13/2009
Electronic Signature of Signing General Partner Date