2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 4, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000986

1. Entity Name
ASSISTED CARE LIVING AT FOREST COVE, LTD.

Principal Place of Business
1053 MAITLAND CENTER COMMONS BLVD.
SUITE 200
MAITLAND, FL 32751

Mailing Address
1053 MAITLAND CENTER COMMONS BLVD.
SUITE 200
MAITLAND, FL 32751

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-3602479 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, BERRY J JR.
1053 MAITLAND CENTER COMMONS BLVD
STE 200
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $1,150,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000034612	STREET ADDRESS	
NAME	ASSISTED CARE LIVING AT FOREST COVE, INC.	CITY-ST-ZIP	
STREET ADDRESS	1053 MAITLAND CENTER COMMONS BLVD., #200		
CITY-ST-ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	U00000162066 06/03/04-80007-003 525.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: _____ APR 28 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #