

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-3602479	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, BERRY J JR. 1053 MAITLAND CENTER COMMONS BLVD STE 200 MAITLAND, FL 32751
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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.

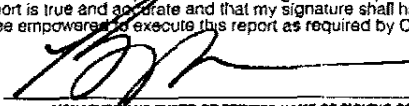
9. Capital Contributions as Shown on record. \$1,150,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000034612 ASSISTED CARE LIVING AT FOREST COVE, INC. 1053 MAITLAND CENTER COMMONS BLVD., #200 MAITLAND, FL 32751	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000000162066 06/03/04-80007-003 526.25
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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)(f), 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 #