

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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**

FILED

06 MAY -1 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



04112006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

BERRY WALKER
Signature, typed or printed name of registered agent and title if applicable.

DATE

4/28/2006

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **P98000034612**
NAME **ASSISTED CARE LIVING AT FOREST COVE, INC.**
STREET ADDRESS **1053 MAITLAND CENTER COMMONS BLVD., #200**
CITY-ST-ZIP **MAITLAND, FL 32751**

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**DO NOT WRITE
IN THIS SPACE**

14. I hereby 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 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:

BERRY WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

4/28/06 407-478-1866

STAPLE CHECK HERE