

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 27, 2007 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**



04192007 No Chg-LP

CR2E003 (12/06)

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**4/23/07**  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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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**U00000739190  
05/14/07-80015-013 500.00**

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE