


500

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000000986 1. Entity Name ASSISTED CARE LIVING AT FOREST COVE, LTD.	
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FILED
 08 MAY 12 AM 9:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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DO NOT WRITE IN THIS SPACE

04182008 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-3602479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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 J. Walker, Jr.**

4/23/08

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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CITY-ST-ZIP	

\$75/14

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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 J. Walker, Jr.

4/23/08

4074781406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE