2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# A98000000986

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-3602479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, BERRY J JR.
1053 MAITLAND CENTER COMMONS BLVD
STE 200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #: P98000034612
Name: ASSISTED CARE LIVING AT FOREST COVE, INC.
Address: 1053 MAITLAND CENTER COMMONS BLVD., #200
City-St-Zip: MAITLAND, FL 32751

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 P 04/30/2009

Electronic Signature of Signing General Partner — Date