


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007608
AT

DOCUMENT # A98000000986

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



FILED
03 JUL 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~295 SOUTH MAITLAND AVENUE, SUITE 216~~
~~MAITLAND FL 32751~~

Mailing Address
~~295 SOUTH MAITLAND AVENUE, SUITE 216~~
~~MAITLAND FL 32751~~

2. Principal Place of Business
1053 Maitland Center Commons Blvd.
Suite, Apt. #, etc.
Suite 200
City & State
Maitland FL
Zip
32751 Country
USA

3. Mailing Address
COMMONS BLVD.
Suite, Apt. #, etc.
SAME
City & State
SAME
Zip
SAME Country
SAME

DUE BY MAY 1, 2003

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.
~~295 SOUTH MAITLAND AVENUE, SUITE 216~~
~~MAITLAND FL 32751~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1053 Maitland Center Commons Blvd.
Suite 200
City **Maitland** FL Zip Code **32751**

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. **\$650,000**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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	295 SOUTH MAITLAND AVENUE, SUITE 216
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1053 Maitland Center Commons Blvd.
CITY-ST-ZIP	Suite 200 Maitland FL 32751
STREET ADDRESS	100018315681
CITY-ST-ZIP	07/25/03 01067 023 **395.00
STREET ADDRESS	100018315681
CITY-ST-ZIP	05/07/03 01007 013 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

4/29/03 407-478-1866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE