

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:40

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000237

LIBERTY ASSISTED LIVING CENTERS LIMITED PARTNERSHIP



Mailing Address

**3340 PEACHTREE ROAD, N.E., TOWER PLACE
SUITE 2825
ATLANTA GA 30326**

Principal Office Address

**3340 PEACHTREE ROAD, N.E., TOWER PLACE
SUITE 2825
ATLANTA GA 30326**

3. Date Formed or Registered

06/03/1993

5a. Capital Contributions as Shown on record

\$500,000.00

3a. Date of Last Report

11/01/1995

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2150 Goodlette Road

2a. Principal Office Address

2150 Goodlette Road

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Naples, FL 34102

City & State

Naples, FL 34102

Zip

Country

Zip

Country

4. State or Country of Formation

GA

6. FEI Number
58-2051808

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

LIBERTY ASSISTED LIVING CENT

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**3340 PEACHTREE RD., N
2150 GOODLETTE RD.
SUITE 800**

11b. City, State & Zip Code

**ATLANTA GA 30326
NAPLES, FL 34102**

11c. Registration/Document Number

F93000002513

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

11/26/96

Typed or Printed Name of General Partner Signing Form

George P. Wagner, Jr.

Daytime Telephone Number

941/262-8006

0000243

CR2E003 (6/96)