

**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 SEP 23 AM 10:48

1. Name of Limited Partnership

1a. DOCUMENT #  
**B93000000482**

**CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP**



Mailing Address

ATTN: DELLANE COLSON  
2250 MCGILCHRIST ST., SE  
SALEM OR 97302

Principal Office Address

ATTN: DELLANE COLSON  
2250 MCGILCHRIST ST., SE  
SALEM OR 97302

3. Date Formed or Registered

09/23/1993

5a. Capital Contributions as Shown on record.

**\$325,000.00**

3a. Date of Last Report

12/28/1995

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

4. State or Country of Formation

DE

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

~~APPLIED FOR~~ 93-117460

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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)

R & F LIMITED LIABILITY COMP

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

2250 MCGILCHRIST ST.,

11b. City, State & Zip Code

SALEM OR

11c. Registration/Document Number

M95000000054

3100000191022291  
-10/02/96 - 01003 - 001  
\*\*\*576.25 \*\*\*576.25

**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)(b) 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 was 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 provided in Section 620.192, Florida Statutes.

SIGNATURE By:

*[Signature]*  
Bruce D. Thorn

DATE

9.16.96

FD3 370 707D

CR2E003 (6/96)