

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 18 PM 1:20

1. Name of Limited Partnership

1a. DOCUMENT #  
B93000000482

CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

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

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

09/15/1997

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

93-1174690

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

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

000002646530--2  
-09/22/98--01082--012  
\*\*\*526.25 \*\*\*526.25

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)(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

*William E. Colson*

DATE

9-15-98

Typed or Printed Name of General Partner Signing Form

William E. Colson

Daytime Telephone Number

503 370 7071 x7009

CR2E003 (8/98)