

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B93000000482

1. Entity Name
CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP



FILED

04 JAN 21 AM 9:11

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MM 9

Principal Place of Business
**ATTN: DELLANE COLSON
2250 MCGILCHRIST ST., SE
SALEM, OR 97302**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-LP

CR2E003 (10/03)

1/21

City & State

City & State

4. FEI Number

93-1174690

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$325,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M99000001857**
NAME **ATRIUM MANAGER LLC**
STREET ADDRESS **2250 MCGILCHRIST ST., SE, SUITE 200**
CITY-ST-ZIP **SALEM, OR 97302**

STREET ADDRESS

CITY-ST-ZIP

700027312907
01/21/04--01015--003 **526.25

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-9-04 583/370-7071 x7209