
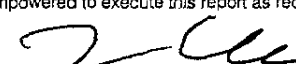


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B93000000482</b> 1. Entity Name <b>CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>ATTN: DELLANE COLSON</b> <b>2250 MCGILCHRIST ST., SE</b> <b>SALEM, OR 97302</b>			Mailing Address <b>P.O. BOX 14111</b> <b>ATTN: DEBBIE PARSONS</b> <b>SALEM, OR 97309</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>93-1174690</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$325,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M99000001857		STREET ADDRESS		
NAME	ATRIUM MANAGER LLC		CITY-ST-ZIP		
STREET ADDRESS	2250 MCGILCHRIST ST., SE, SUITE 200				
CITY-ST-ZIP	SALEM, OR 97302				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			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					
<b>SIGNATURE:</b>  <b>William E. Colson</b>			<b>2/25/05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE

