

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # B93000000482

1. Entity Name
CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP



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

Mailing Address
P.O. BOX 14111
ATTN: DEBBIE PARSONS
SALEM, OR 97309



01122006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 93-1174690	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

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

U00000411992
02/10/06-80030-006 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Date: 1-13-06 Daytime Phone #: 503-376-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER