

**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



01122008 No Chg-LP

CR2E003 (11/05)

4. FEI Number

93-1174690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

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

DATE

**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 #  
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CITY-ST-ZIP

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U000000411992  
02/10/06-80030-006 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-13-06

503-376-7011

STAPLE CHECK HERE