

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

DOCUMENT # B93000000482
1. Entity Name
CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 18 PM 1:14

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



2. Principal Place of Business - No P.O. Box #
2260 McGilchrist St. SE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
Attn: Mary Casqueiro
City & State

07062007 Chg-LP CR2E003 (12/06)

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

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2260 McGilchrist St. SE
CITY-ST-ZIP	
STREET ADDRESS	400106488694
CITY-ST-ZIP	07/20/07 01032-018 **500.00
STREET ADDRESS	
CITY-ST-ZIP	BL
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Norman L. Brenden 7-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA