

B9300000482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

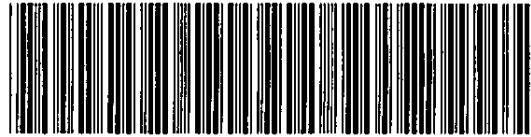
Special Instructions to Filing Officer:

L. SELLERS

SEP - 82008

EXAMINER

Office Use Only



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08/22/08--01021--007 **105.00

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08 SEP -5 PM 4:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KELSI BAKER

(Contact Person)

HOLIDAY RETIREMENT

(Firm/Company)

2250 MCGILCHRIST ST SE

(Address)

SALEM, OR 97302

(City, State and Zip Code)

For further information concerning this matter, please call:

KELSI BAKER

(Name of Contact Person)

at (503)

586-7209

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☒ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2008

KELSI BAKER
HOLIDAY RETIREMENT
2250 MCGILCHRIST STREET SE
SALEM, OR 97302

SUBJECT: CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP
Ref. Number: B93000000482

We have received your document for CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 608A00047346

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP

2. The jurisdiction of its formation is: DELAWARE

3. The date the entity was authorized to transact business in Florida is: 9/23/93

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

HARVEST GENERAL PARTNER II LLC

2250 MCGILCHRIST ST SE

SALEM, OR 97302

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SICR DEPT OF STATE
TALLAHASSEE FLORIDA

FILED

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: 8/12/2008
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Harvest General Partner II LLC
Signature of a general partner:

Adal K Harris

Typed or printed name:

DONALD K. HARRIS - CDO

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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08 SEP -5 PM 4:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2008.



2333253 8300

080859352

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6787524

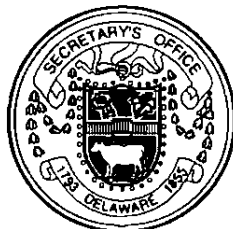
DATE: 08-12-08

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP", FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D. 2008, AT 3:02 O'CLOCK P.M.



2333253 8100

080859352

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6787523

DATE: 08-12-08

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:02 PM 08/08/2008
FILED 03:02 PM 08/08/2008
SRV 080859352 - 2333253 FILE

STATE OF DELAWARE
AMENDMENT TO THE CERTIFICATE OF
LIMITED PARTNERSHIP

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Limited Partnership is Congregate Care
Asset III, Limited Partnership

SECOND: Article 4 of the Certificate of Limited Partnership shall be amended as follows: New General Partner is:

Harvest General Partner II LLC

2250 McGilchrist St - SE Salem, OR 97302

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 8 day of August, A.D. 2008

Harvest General Partner II LLC
By [Signature]
General Partner(s)

Name: Donald K. Harris
Print or Type