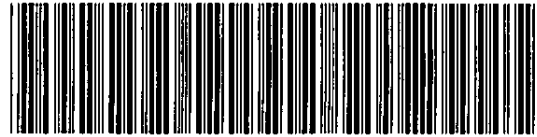


B9300000482



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

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

L. SELLERS  
SEP - 82008  
EXAMINER

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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 at ( 503 ) 586-7209  
(Name of Contact Person) (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:

<u>Name:</u>	<u>Business Address:</u>
<u>HARVEST GENERAL PARTNER II LLC</u>	<u>2250 MCGILCHRIST ST SE</u>
_____	<u>SALEM, OR 97302</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

08 SEP -5 PM 4: 52  
STATE DEPARTMENT 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:

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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:

Donald 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

Page 2 of 2

FILED  
08 SEP -5 PM 4: 52  
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](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6787524

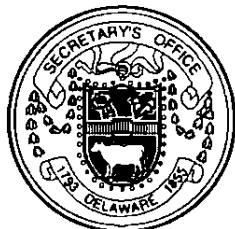
DATE: 08-12-08

# 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](http://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 McGillchrist 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