

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B93000000482

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

ATTN: LEGAL DEPARTMENT  
2250 MCGILCHRIST ST., SE  
SALEM, OR 97302

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14111  
ATTN: LEGAL DEPARTMENT  
SALEM, OR 97309

**New Mailing Address:**

**FEI Number:** 93-1174690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M07000001201  
Name: HARVEST GENERAL PARTNER II LLC  
Address: 2250 MCGILCHRIST ST SE  
City-St-Zip: SALEM, OR 97302

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEAH R. KUOR

AGNT

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date