

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

_____ Electronic Signature of Signing General Partner

AGNT

04/23/2009

_____ Date