

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B98000000149

1. Entity Name  
EDENBROOK - TALLAHASSEE, L.P.



Principal Place of Business  
10 ROSWELL STREET, SUITE 200  
ALPHARETTA, GA 30004

Mailing Address  
10 ROSWELL STREET, SUITE 200  
ALPHARETTA, GA 30004

2. Principal Place of Business  
11 STATE ST  
Suite, Apt. #, etc.

3. Mailing Address  
11 STATE ST  
Suite, Apt. #, etc.



03022005 REIN-LP CR2E100 (6/04)

City & State  
CHARLESTON SC  
Zip  
29401  
Country  
U.S.

City & State  
CHAS SC  
Zip  
29401  
Country  
U.S.

4. FEI Number  
58-2383331

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$2,056,690.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # F98000006069  
NAME EDENCARE MEZZANINE GP, INC.  
STREET ADDRESS 10 ROSWELL STREET, SUITE 200  
CITY-ST-ZIP ALPHARETTA, GA 30004

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS 11 STATE STREET  
CITY-ST-ZIP CHARLESTON, SC 29401

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 200054306972  
CITY-ST-ZIP 05/12/05--01008--003 \*\*2052.50

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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

2004-2005  
**REINSTATEMENT**

3/29/05

FILED

05 APR 25 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA