

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

MAR 31 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
B98000000150

EDENBROOK - JACKSONVILLE, L.P.

Mailing Address

31 NORTH MAIN STREET
ALPHARETTA GA 30004

Principal Office Address

31 NORTH MAIN STREET
ALPHARETTA GA 30004

3. Date Formed or Registered

03/09/1998

3a. Date of Last Report

5a. Capital Contributions
\$ 1,712,987

5b. Amount of Capital
Contributions in FLORIDA
to date

1,712,987

4. State or Country of Formation

DE

6. FEI Number

58-2380580

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

FF 526.25

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

31 NORTH MAIN STREET
ALPHARETTA GA 30004
03/31/99 - 01089 - 000
***526.25 FL ***526.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

N/A

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

EDENCARE MEZZANINE GP, INC.

31 NORTH MAIN STREET

ALPHARETTA GA 30004

F980000006069

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

David M. Johnston
David M. Johnston

DATE

3/23/99

Daytime Telephone Number

770-569-0494