

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2005 APR 27 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000150

1. Entity Name
EDENBROOK - JACKSONVILLE, 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

City & State
CHARLESTON SC

4. FEI Number
58-2380580

Applied For
Not Applicable

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

Zip Country
29401 U.S.

Zip Country
29401 U.S.

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

9. Capital Contributions as Shown on record. \$1,712,987.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000006069	STREET ADDRESS	11 STATE STREET
NAME	EDENCARE MEZZANINE GP, INC.	CITY-ST-ZIP	CHARLESTON, SC 29401
STREET ADDRESS	10 ROSWELL STREET, SUITE 200		
CITY-ST-ZIP	ALPHARETTA, GA 30004		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 04-05

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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: _____ DATE: 03/29/05 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE