

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000150**

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



Principal Place of Business  
11 STATE STREET  
CHARLESTON, SC 29401

Mailing Address  
11 STATE STREET  
CHARLESTON, SC 29401

**DO NOT WRITE IN THIS SPACE**

05012006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 58-2380580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Not Accepted)

City

FL Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

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

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000563706  
05/20/06-80024-005 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

5/10/06

Date

843.579-9400

Daytime Phone #

STAPLE CHECK HERE