

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED

05 APR 25 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000692

1. Entity Name
EDENGARDENS - GAINESVILLE, L.P.



Principal Place of Business
~~10 ROSWELL STREET, STE. #200~~
~~ALPHARETTA, GA 30004~~

Mailing Address
~~10 ROSWELL STREET, STE. #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
CHARLESTON, SC
Zip
29401
Country
U.S.

4. FEI Number
58-2430537
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. \$1,257,559.00

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, STE. #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
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700054307007
CITY-ST-ZIP 05/12/05 01000 001 **2052.50

DOCUMENT #
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP 2004-2005

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/24/05
Date Daytime Phone #

STAPLE CHECK HERE

REINSTATEMENT