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

\*\*\*

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED May 04, 2006 08:00 All Secretary of State

Due by May 1, 2000					
DOCUMENT # B9800000692  1. Entity Name EDENGARDENS - GAINESVILLE, L.P.					Secretary of Stat
Principal Plac	ce of Business	Mailing Address			
11 STATE ST		11 STATE ST			
CHARLESTON, SC 29401 CHARLESTON, SC 29401					
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DO NOT WRITE IN THIS SPACE					
				05012006 No Chg-LP CR2E003 (11/05)	
				# CONTRACTOR OF THE PROPERTY O	
				4. FEI Number   Applied For   58-2430537   Not Applicable	
				5. Certificate of Status Desired	
	6. Name and Address of Current Re	gistered Agent		T	7. Name and Address of New Registered Agent
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CTCORF	PORATION SYSTEM				DO NOT WOITE
1200 SOU	1200 SOUTH PINE ISLAND ROAD			Street Address (I	P.O. BDQ:::NQT:::PWRITE
PLANTATION, FL 33324					IN THIS SPACE
					IN THIS SPACE
				City	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					
Signature, typed or printed name of registered agent and title if applicable.					
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 II		13.	, an amendmen	ADDRESS CHANGES ONLY
DOCUMENT #	F98000006069		<b>-</b>   '*`		ADDRESS STAINGES CIVET
NAME	EDENCARE MEZZANINE GP, INC.		STREE	et address	
STREET ADDRESS	11 STATE ST		1		
CITY-ST-ZIP	CHARLESTON, SC 29401		CITY-	ST-ZIP	
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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					