

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # B98000000692

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



Principal Place of Business
**11 STATE ST
CHARLESTON, SC 29401**

Mailing Address
**11 STATE ST
CHARLESTON, SC 29401**



DO NOT WRITE IN THIS SPACE

05012006 No Chg-LP

CR2E003 (11/05)

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**

Name

Street Address (P.O. Box or Mailing Address)

City

7. Name and Address of New Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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

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 ST**
CITY-ST-ZIP **CHARLESTON, SC 29401**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

UN00000563727
05/20/06-80024-013 500.00

**DO NOT WRITE
IN THIS SPACE**

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

5/1/06
Date

843.579-9400
Daytime Phone #

STAPLE CHECK HERE