

**2014 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B93000000482

**Entity Name:** CONGREGATE CARE ASSET III, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5885 MEADOWS RD., SUITE 500  
ATTN: LEGAL DEPARTMENT  
LAKE OSWEGO, OR 97035

**Current Mailing Address:**

PO BOX 1700  
ATTN: LEGAL DEPARTMENT  
LAKE OSWEGO, OR 97035-8646 US

**FEI Number:** 93-1174690

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document #

Name HARVEST GENERAL PARTNER II LLC

Address 5885 MEADOWS RD., SUITE 500

City-State-Zip: LAKE OSWEGO OR 97035

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARVEST GENERAL PARTNERS II LLC

02/12/2014

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date