

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Andrew S. Moham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 MAY 14 PM 3:46



1. Name of Limited Partnership
PINECREST OF TAMPA, LTD.

1a. DOCUMENT #
A02335

2. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Principal Office Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Date Formed or Registered
07/16/1973

3a. Date of Last Report
12/02/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$200.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number
59-2997823

7. Certificate of Status Desired
 Applied For
 Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)
 \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

**SPICOLA, A.G. JR.
 725 EAST KENNEDY BLVD.
 SUITE 405
 TAMPA FL 33602**

10. If changed, new Registered Agent/Office

Name
700002526037--6

Street Address (P.O. Box Number is Not Acceptable)
85/15/98--01107--002

Suite, Apt. #, etc.
******641.25 ****641.25**

City
FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PROCK, NANCY A	5640 PROFESSIONAL CIR	INDIANAPOLIS IN 46242	
PROCK, ROY L	8355 ROCKVILLE ROAD	INDIANAPOLIS IN 46234	
MELTON, DANNY R	5640 PROFESSIONAL CIR	INDIANAPOLIS IN 46242	
MACIAG, WALTER J	29323 LINCOLN ROAD	BAY VILLAGE OH 44140	

RESTATEMENT

[Signature]
 CR2E003 (6/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **5/8/98**

Typed or Printed Name of General Partner Signing Form **DANNY R. MELTON** Daytime Telephone Number **317-271-9829**