

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -6 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|--|---|--|---|
| 1. Name of Limited Partnership PINECREST OF TAMPA, LTD. | | 1a. DOCUMENT # A02335 | |
| Mailing Address P.O. BOX 42368 INDIANAPOLIS IN 46242-0368 | Principal Office Address C/O CRF, INC. 8355 ROCKVILLE ROAD INDIANAPOLIS IN 46241 | 3. Date Formed or Registered 07/16/1973 | 5a. Capital Contributions as Shown on record \$200.00 |
| 2. Mailing Address 44 N. GIALS SCHOOL RD. Suite, Apt. #, etc. INDIANAPOLIS, IN 46214 | 2a. Principal Office Address 44 N. GIALS SCHOOL RD. Suite, Apt. #, etc. INDIANAPOLIS IN 46214 | 3a. Date of Last Report 05/14/1998 | 5b. Amount of Capital Contributions in FLORIDA to date |
| City & State INDIANAPOLIS, IN | City & State INDIANAPOLIS IN | 4. State or Country of Formation FL | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip 46214 | Zip 46214 | 6. FEI Number 59-2997823 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Country | Country | 7. Certificate of Status Desired <input type="checkbox"/> | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

| | |
|---|---|
| 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 Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 300002836763--6 -04/12/99--01127--018 ****141.FL****141.25 |
|---|---|

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 | |

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

Danny Melton
DANNY MELTON

DATE 4/5/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 317-554-2100

CR2E003 (12/98)