

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

FILED

97 DEC 12 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership  
**SUNSET VILLAS OF CHIEFLAND, LTD.**

1a. DOCUMENT #  
**A19429**

*98-NY cus  
CM*



Mailing Address <b>2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 34623</b>		Principal Office Address <b>2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 34623</b>		3. Date Formed or Registered <b>03/21/1985</b>	5a. Capital Contributions as Shown on record. <b>\$34,770.00</b>
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report <b>10/30/1996</b>	
City & State <b>33763</b> Country		City & State <b>33763</b> Country		4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date. <b>\$34,770.00</b>
9. Name and Address of Current Registered Agent <b>FLYNN, THOMAS F 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 34623</b>				6. FEI Number <b>59-2520322</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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.				7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____				8. Make check payable to: Dept. of State (See reverse side for fee information)	

10. If changed, new Registered Agent/Office

Name \_\_\_\_\_

Street Address (P.O. Box Number Is Not Acceptable) \_\_\_\_\_

Suite, Apt. #, etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code **33763**

**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
FLYNN, THOMAS F.	2769 WESTCHESTER DR.	CLEARWATER FL	<b>400002376924--9 -12/18/97--01102--002 ****355.89 ****355.89</b>

**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 *Thomas F. Flynn* DATE **9/22/97**

Typed or Printed Name of General Partner Signing Form **Thomas F. Flynn** Daytime Telephone Number **813-797-0098**

CR2E003 (6/97)