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

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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

1a. DOCUMENT # A96000000256

SAXON MANOR ISLES APARTMENTS LIMITED PARTNERSHIP

12/29

Mailing Address	Principal Office Address
C/O SUNCOAST CORP. OF DELWARE ~~4938 SOUTHRIDGE PARK DRIVE~~ ~~ST. LOUIS MO 63129~~	C/O SUNCOAST CORP. OF DELWARE ~~4938 SOUTHRIDGE PARK DRIVE~~ ~~ST. LOUIS MO 63129~~

3. Date Formed or Registered: 02/06/1996

3a. Date of Last Report: 10/18/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,370,712.00

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

2. Mailing Address	**2a.** Principal Office Address
1961 MARINE TERRACE	1961 MARINE TERRACE
Suite, Apt. #, etc.: H	Suite, Apt. #, etc.: H
City & State: St. Louis, Mo.	City & State: St. Louis, Mo.
Zip: 63146 Country: U.S.A.	Zip: 63146 Country: U.S.A

6. FEI Number ~~APPLIED FOR~~ 43-1734916 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
~~RYNDERS, DAVID W ESQ.~~ ~~805 WEDGE DRIVE~~ ~~NAPLES FL 33940~~	Name: J. J. BACHMANN Street Address (P.O. Box Number is Not Acceptable): 792 Eagle Creek DR. Suite, Apt. #, etc.: 203 City: Naples FL Zip Code: 34113

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) J. J. Bachmann DATE 11-29-97

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
SUNCOAST CORP. OF DELAWARE	4938 SOUTHRIDGE PARK	ST. LOUIS MO 63129	F93000003204

700002385407--1
-12/30/97--01031--001
****490.00 ****490.00

700002385407--1
-12/30/97--01031--002
*****51.25 *****51.25

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 Suncoast Corp. G.P. Jack J. Bachmann - Pres. DATE 9-12-97

Typed or Printed Name of General Partner Signing Form JACK J. BACHMANN Daytime Telephone Number 314-469-6677