

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 DEC 14 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A12202
SENIOR MEADOWS OF LAKELAND LIMITED PARTNERSHIP	

Mailing Address 311 PARK PLACE BLVD., STE. 225 CLEARWATER FL 34619	Principal Office Address 311 PARK PLACE BLVD., STE. 225 CLEARWATER FL 34619	3. Date Formed or Registered 03/02/1982	5a. Capital Contributions as Shown on record. \$190,000
2. Mailing Address 430 Park Place Blvd. Suite, Apt. #, etc. Suite 600 City & State Clearwater, Florida Zip 33759	2a. Principal Office Address 430 Park Place Blvd. Suite, Apt. #, etc. Suite 600 City & State Clearwater, Florida Zip 33759	3a. Date of Last Report 10/03/1997	5b. Amount of Capital Contributions in FLORIDA to date: 190,000.00
		4. State or Country of Formation FL	6. FEI Number 59-2127823 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$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 PIAZZA, JOHN J 311 PARK PLACE BLVD SUITE 225 CLEARWATER FL 34619	10. If changed, new Registered Agent/Office Name 700002712467-9 Street Address (P.O. Box Number is Not Acceptable) 430 Park Place Blvd. ***1068.75 ****526.25 Suite, Apt. #, etc. Suite 600 City Clearwater Zip Code FL 33759
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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) LENTINI, VINCENT J THE EASTON CORPORATION Adult Care Management Corp.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 430 Park Place Blvd 311 PARK PLACE BLVD. 311 PARK PLACE BLVD. 430 Park Place Blvd. Suite 600	11b. City, State & Zip Code Clearwater, FL 33759 CLEARWATER FL 34619 CLEARWATER FL 34619 Clearwater FL 33759	11c. Registration/ Document Number -653119 793-88793 FF 526.25 98 12-15
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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

Vincent J. Lentini, G.P.

DATE 10/20/98

Vincent J. Lentini, General Partner

(727) 793-9300

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number