

**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  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -5 PM 2:46

1. Name of Limited Partnership

1a. DOCUMENT #  
**A12503**

**SUNBELT MANOR ASSOCIATES, A LIMITED PARTNERSHIP**



Mailing Address

P.O. BOX 40177  
INDIANAPOLIS IN 46280

Principal Office Address

P.O. BOX 40177  
INDIANAPOLIS IN 46240

3. Date Formed or Registered

05/12/1982

5a. Capital Contributions as Shown on record.

\$550,000.00

3a. Date of Last Report

12/09/1996

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. State or Country of Formation

FL

6. FEI Number

59-2202771

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

~~SUSSMAN, PAUL R.~~  
~~4201 N. OCEAN DRIVE~~  
~~#605~~  
~~HOLLYWOOD FL 33019~~

10. If changed, now Registered Agent/Office

Name

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, etc.

City

Plantation

FL

Zip Code

33324

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) X *Vicky Goldstein*

**VICKY GOLDSTEIN**  
SPECIAL ASSISTANT SECRETARY 10-1-97

**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)

SUNBELT DEVELOPMENT CORP  
Glick, Eugene B.  
Glick, Marilyn K.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

4201 N. OCEAN DRIVE  
215 Williams Court  
215 Williams Court

11b. City, State & Zip Code

HOLLYWOOD FL  
Indianapolis, IN  
Indianapolis, IN

11c. Registration/Document Number

-537262

\*Per amendment filed

100002371361-2  
-12/12/97--01108--020  
\*\*\*1475.75 \*\*\*\*541.25

**KWM**

validate - 54125

**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 *Eugene B Glick*  
Eugene B. Glick, General Partner  
Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number 317/469-0400

CP2E003 (6/97)