FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 23 AM 9:13

1. Name of Limited Partnership

FREEDOM VILLAGE LIMITED

1a. DOCUMENT # A12893

Mailing Address	Principal Office Address
455 N. INDIAN ROCKS RD. BELLEAIR BLUFFS FL ~~34640~~	455 N. INDIAN ROCKS RD. BELLEAIR BLUFFS FL ~~34640~~

3. Date Formed or Registered: 07/21/1982

3a. Date of Last Report: 11/21/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,380,020.00

5b. Amount of Capital Contributions in FLORIDA to date: $1,380,020.00

2. Mailing Address	2a. Principal Office Address
455 N. Indian Rocks Rd	455 N. Indian Rocks Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleair Bluffs, FL	City & State: Belleair Bluffs, FL
Zip: 33770 Country	Zip: 33770 Country

6. FEI Number: 59-2296066 ☐ 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

BUCKLES, WILLIAM G., JR.
455 N. INDIANS ROCKS ROAD
BELLEAIR, BLUFFS FL ~~34640~~

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City FL Zip Code 33770

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
CHAPMAN, CLIFFORD E. MD	1408 99TH ST NW	BRADENTON FL	
VELTMAN, DAVID	812 ISLAND WAY	CLEARWATER FL	
WHALEY, PRESTON A. M.D.	2043 79TH STREET NW	BRADENTON FL	

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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 DATE 9.11.96

David Veltman 813/585-6333

CR2E003 (6/96)