


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

FILED

97 SEP 19 PM 3:06

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 FREEDOM VILLAGE LIMITED		1a. DOCUMENT # A12893 <i>98-AR CM</i>	
Mailing Address 455 N. INDIAN ROCKS RD. BELLEAIR BLUFFS FL 33770		Principal Office Address 455 N. INDIAN ROCKS RD. BELLEAIR BLUFFS FL 33770	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	



3. Date Formed or Registered 07/21/1982	5a. Capital Contributions as Shown on record. \$1,380,020.00
3a. Date of Last Report 09/23/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$1,380,020.00
4. State or Country of Formation FL	6. FEI Number 59-2296066 <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 BUCKLES, WILLIAM G., JR. 455 N. INDIANS ROCKS ROAD BELLEAIR, BLUFFS FL 33770	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	--

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) CHAPMAN, CLIFFORD E. MD VELTMAN, DAVID WHALEY, PRESTON A. M.D.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1400 99TH STREET NW 1408 99TH ST NW 612 ISLAND WAY 3130 TIFFANY DRIVE 2043 70TH STREET NW 2010 59TH STREET W. SUITE 3500	11b. City, State & Zip Code BRADENTON FL 34209 CLEARWATER FL BELLEAIR BEACH, FL 33786 BRADENTON FL 34209	11c. Registration/ Document Number 000002301420-- 2 -09/23/97--01089--006 ****541.25 ****541.25
--	--	---	--

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 _____

9.10.97

Typed or Printed Name of General Partner Signing Form _____

David M. Veltman

Daytime Telephone Number _____

813/585.6333

CR2E003 (6/97)