

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 26 PM 2:49

1. Name of Limited Partnership

1a. DOCUMENT #
A15773

STONEBROOK ASSOCIATES, LIMITED



Mailing Address

~~P.O. BOX 17000~~
~~CLEARWATER FL 34622~~

Principal Office Address

~~16991 US HWY. 19 N.~~
~~CLEARWATER FL 34624~~

3. Date Formed or Registered

11/28/1983

3a. Date of Last Report

12/23/1996

5a. Capital Contributions as
Shown on record.

~~\$2,826,000.00~~
~~\$2,826,000.00~~

5b. Amount of Capital
Contributions in FLORIDA
to date

\$36.46

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33762-0860

Country

2a. Principal Office Address

19321 US HWY 19 N.,
Suite 604

City & State

Zip
33764

Country

Pinellas

4. State or Country of Formation

FL

6. FEI Number

59-2351027

☐ 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

FELIX, FRANK E JR.
16991 US HWY 19 N
CLEARWATER FL 34624

10. If changed, new Registered Agent/Office

Name

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

19321 US Hwy. 19 N., Suite 604

Suite, Apt. #, etc.

Suite 604

City

Clearwater, FL

FL

Zip Code

33764

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

PREFERRED ACCEPT. CORP.

16991 US 19 N

CLEARWATER FL 34624

838924

19321 US 19 N.,
Suite 604

Clearwater, FL 33764

600002396206--5
-01/09/98--01110--003
****156.25 ****156.25

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.

Preferred Acceptance Corp.

SIGNATURE

President

DATE 12/3/97

Typed or Printed Name of General Partner Signing Form

J. O. Stone

Daytime Telephone Number

(813) 531-9584

CR2E003 (6/97)