

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



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



901/8

LIMITED PARTNERSHIP
 ANNUAL REPORT
1998

1. Name of Limited Partnership
STONEBROOK ASSOCIATES, LIMITED

1a. DOCUMENT #
A15773

2. Mailing Address
~~P.O. BOX 17000~~
CLEARWATER FL 34622

2a. Principal Office Address
~~18991 US HWY. 19 N.~~
~~CLEARWATER FL 34624~~
19321 US HWY 19 N.
Suite 604
Clearwater, FL
 City & State
33762-0860 Country
33764 Country
Pinellas

3. Date Formed or Registered
11/28/1983

3a. Date of Last Report
12/23/1996

4. State or Country of Formation
FL

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

6. FEI Number
59-2351027

7. Certificate of Status Desired
 Applied For
 Not Applicable
\$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.
18991 US HWY 19 N
CLEARWATER FL 34624

10. If changed, now 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 Zip Code
FL 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 19321 US 19 N., Suite 604	CLEARWATER FL 34624 Clearwater, FL 33764	838924

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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 **12/3/97**
 Preferred Acceptance Corp.
 J. O. Stone President
 Daytime Telephone Number **(813) 531-9584**

CR2E003 (6/97)