

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

FILED

96 OCT -3 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ENCORE RETIREMENT PARTNERS, LTD.	1a. DOCUMENT # A19565 <i>97-AR</i> <i>CM</i>
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Mailing Address 6000 LAKE FORREST DR. STE. 200 ATLANTA GA 30328	Principal Office Address 6000 LAKE FORREST DR. STE. 200 ATLANTA GA 30328	3. Date Formed or Registered 03/27/1985	5a. Capital Contributions as Shown on record \$3,000,000.00
2. Mailing Address Suite, Apt #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country	3a. Date of Last Report 12/11/1995	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation NY	6. FEI Number 13-3255402
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST
 SUITE 105
 TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name _____
 Street Address (P.O. Box Number Is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ State **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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SUN COAST RETIREMENT, INC.	6000 LAKE FORREST DR.	ATLANTA GA 30328	F95000005832

600001970256
 -10/10/95-01020-018
 ***576.25 ***4576.25

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 _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)