

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 14 AM 10:50



1. Name of Limited Partnership	1a. DOCUMENT # A24702
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SUMMERFIELD RETIREMENT RESIDENCE, LTD.

Mailing Address 400 MADISON DR., #200 SARASOTA FL 34236		Principal Office Address 400 MADISON DR., #200 SARASOTA FL 34236		3. Date Formed or Registered 06/17/1987	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/18/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0027697	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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 STEFFENS, THEODORE C 400 MADISON DR., #200 SARASOTA FL 34236	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City
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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) SUMMERFIELD GROUP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5550 26TH ST., WEST, 400 Madison DR. Suite 200	11b. City, State & Zip Code BRADENTON FL 34207 Sarasota, FL 34236	11c. Registration/Document Number G95104900032
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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 **10/10/97**

Typed or Printed Name of General Partner Signing Form

Theodore C. Steffens

Daytime Telephone Number

941-388-3585

CR2E003 (6/97)