## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

	2222   CHILLI   LEC					
"LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		s d	FILED 2/6/16		
Name of Limited Partnership	1a. DOCUMENT # A24702			SECRETARITUE STATE SECRETARIOS FLORIDA		
SUMMERFIELD RETIREMENT RESIDENCE, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as	
3409 26th Street W.	3409 26th St. West			6/17/87	\$1,000,000.00	
Bradenton, FL 34205	Bradenton, FL 34205			3a. Dale of Last Report	71,000,000.00	
				13/31/97	5b. Amount of Capital	
				4. State or Country of Formation	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address			·	\$1,000,000.00	
3409 26th Street W. Suite, Apt. #, etc.	3409 26th Street W. Suite, Apt. #, etc.		-	Florida 6. FEI Number	<u> </u>	
Bradenton, FL 34205	Bradenton, FL 34205 City & State				Applied For Not Applicable	
City & State			F	65-0027697 <b>7.</b> Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country				Fee Hequired	
				6. Make crieck payable to Dept of	State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent				10. If changed new Registered Agent/Office		
Theodore C. Steffens			Name Tamon D. Dawroth			
400 Madison Drive			Street Address (P.O. Box Number Is Not Acceptable)			
Sarasota, FL 34236	34236 3409 26t. Suite, Apt #, etc			h Street W.		
	City			5000029114951 -06/21/99-101466-004		
Br			Bradenton assuring 54-342050 no			
Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnersh-ploganized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered office or registered above. The state of Florida Such danger was authorized by its general partner(s) I hereby accept the approximent of registered agent. I am familiar with, and accept the obligations of section 620 192. For its Statutes.						
SIGNATURE (Registered Agent Accepting Appointment) DATE 5/38/99						
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		11b.	City, State & Zip Code	11c. Registration/ Frocument Number	
Summerfield Group Inc: (Theodore C. Steffens)	3409 26th St.			Jenton, FL 342		
•		<b>0</b> +z, c	Santa a s	-06/21	\$114951 /9901167003 35.00 ****\$35.00	
			FIN:	STATEMENT	1999	
Note: General partners MAY NOT b	e changed on this form	; an amer	ndmen	t must be filed to cha	nge 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 Trelease 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. If 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. If further certify that I am a General Partner of the limited partnership receiver or trustee.

SIGNATURE VELY JUNE DATE 5/28/99

Typed or Printed Name of General Partner Signing Form Theodore C. Steffensoaylime Telephone Number 941-751-7200

empowered to execute this report as required by chapter 620, Florida Statutes.

DATE 5/28/99