2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A25227

1. Entity Name

STONEGATE MANOR, LIMITED

FILED
04 APR 29 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20721 S.W. 46TH AVE. NEWBERRY FL 32669	20721 S.W. 46TH AVE. NEWBERRY FL 32669

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E003 (11/03)

4. FEI Number 59-2967386 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, NORITA V.
20721 S.W. 46TH AVE.
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name
Street Address: Susan Adams
Hallmark Group Services of Florida, LLC
4040 Newberry Road, Suite 1000
City: Gainesville, FL 32607
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Susan Adams — DATE 3/29/04

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $274,321.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Norita V. Davis 20721 SW 46th Avenue Newberry, Florida 32669	STREET ADDRESS / CITY-ST-ZIP	~~300036050593~~ ~~05/11/04--01033--011 **528.25~~
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	AMEND FILED 4/26/04	STREET ADDRESS / CITY-ST-ZIP	300036050593 05/11/04--01033--011 **535.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Stefan Davis — Date 4/12/04 — Daytime Phone # (352) 472-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER