2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 17 AM 9:30

DOCUMENT # A25227

1. Entity Name
STONEGATE MANOR, LIMITED

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

1st MOORE CR2E003 (10/05)

2. Principal Place of Business	3. Mailing Address
	3111 Paces Mill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A-250
City & State	City & State Atlanta GA
Zip / Country	Zip 30339 / Country USA

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

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
HALLMARK GROUP SERVICES OF FLORIDA LLC
4040 NEWBERRY ROAD., SUITE 1000
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	DAVIS, NORITA V		
STREET ADDRESS	20721 SW 46TH AVE.	CITY-ST-ZIP	
CITY-ST-ZIP	NEWBERRY FL 32669		
DOCUMENT #		STREET ADDRESS	500069067835
NAME			03/30/06--01065--007 **508.75
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan Adams 3-2-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #