

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

DOCUMENT # A25227	
1. Entity Name STONEGATE MANOR, LIMITED	

Principal Place of Business 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA GA 30339
---	--



2. Principal Place of Business - No P.O. Box # 544 PUCKETT ROAD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PERRY, FL	City & State
Zip 32348	Country

1st MOORE CR2E003 (10/07)

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

800122865998
04/10/08--01016--004 **508.75

DATE

FILE NOW!!! Fee is \$500.* After May 1, 2008, 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 # M03000001595	NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC	STREET ADDRESS	
STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250	CITY-ST-ZIP NEWBERRY FL 32669	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Mark A. Puts

3/18/08

STAPLE CHECK HERE