

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 FEB -2 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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|--------------------------------|---------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A26511 |
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| SUNCOAST NURSING HOME LTD. | ag-ABCM |
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| Mailing Address 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 34622 | Principal Office Address P.O. BOX 3318 TAMPA FL 33601 | 3. Date Formed or Registered 06/02/1988 | 5a. Capital Contributions as Shown on record. \$420,525.00 |
| 2. Mailing Address 6000 Lake Forrest Dr. Suite, Apt. #, etc. Suite 200 City & State Atlanta GA Zip 30328 | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 3a. Date of Last Report 05/06/1997 | 5b. Amount of Capital Contributions in FLORIDA to date. |
| | | 4. State or Country of Formation FL | |
| | | 6. FEI Number 59-2890055 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 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) | | | |

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| 9. Name and Address of Current Registered Agent NEAL, A R ESQ. 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 34622 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 102425333-4 Suite, Apt. #, etc. -02/10/98-01026-011 ****526.25 ****526.25 City FL Zip Code |
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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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
| EQUITY GEN. PARTNER, INC. | 3600 OAK MANOR LANE, | LARGO FL 34644 | J91782 |

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

1-26-98

404-255-7500

CR2E003 (6/97)