## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A27174

98 DEC 28 PM 1:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SPRINGSIDE AT MANATEE, L	TD.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contribution Shown on record.	5a. Capital Contributions as Shown on record.	
5001 PHILLIPS HIGHWAY #7B JACKSONVILLE FL 32207	5001 PHILLIPS HIGHWAY #78 JACKSONVILLE FL 32207	#78		\$246,000.0	\$246,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		n to date:		
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	Sulte, Apt. #, etc.  City & State		Applied	Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 A	\$8.75 Additional Fee Required	
Zip County			8. Make check payable to: Dep	L of State (See reverse side for fe	e information)	
9. Name and Address of Currer	nt Registered Agent		10. If changed, new Regis	tered Agent/Office		
HANSON, KARL B., JR. 200 LAURA STREET 12TH FLOOR JACKSONVILLE FL 32202		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code				
10a. Pursuant to the provisions of sections 620,1051 at for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Flo	ned limited partne rida. Such chanç	ge was authorized by its general partner(s). I h	of the State of Florida, submits this areby accept the appointment of r	s statement egistered	
A GENERAL PARTNER THAT  MUS	IS A CORPORATION,	LIMITED			NTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office E		11b. City, State & Zip Code	11c. Registre	ition/ Number	
SPRINGSIDE AT MANATEE IN	5001 PHILLIPS HWY., #		JACKSONVILLE FL	M84608	Sound Porto	
ł			*************************************	2744495- 15/99011040 *528.25 ****52	6.25	
Note: General partners MAY NOT	be changed on this for	m; an am	endment must be filed to a	change a general p	artner.	

12. I do hereby certify that the information supplied with this riling 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
-----------