

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

FILED

98 FEB -2 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>A27566</b>
BAY TO BAY NURSING HOME LTD. <span style="float: right;">98-AR CM</span>	



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 <b>12/16/1988</b>	5a. Capital Contributions as Shown on record.  <b>\$26,250.00</b>
				3a. Date of Last Report <b>05/06/1997</b>	
2. Mailing Address <b>6000 Lake Forrest Dr.</b> Suite, Apt. #, etc. <b>Suite 200</b>		2a. Principal Office Address  Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:
City & State <b>Atlanta GA</b>		City & State		6. FEI Number <b>59-2918604</b>	
Zip <b>30328</b>		Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent  <b>NEAL, A R ESQ.</b> <b>13577 FEATHER SOUND DRIVE, SUITE 300</b> <b>CLEARWATER FL 34622</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <b>200002426332--7</b> Suite, Apt. #, etc. <b>02/10/98-01026-010</b> <b>***526.25 ***526.25</b> City <b>FL</b>
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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 GENERAL PARTNERS, INC	3800 OAK MANOR LANE,	LARGO FL 34844	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

*Kathy Piper*  
Kathy Piper

1-26-98

404-255-7500

CR2E003 (6/97)