

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

90 FEB -2 PM 2:42

1. Name of Limited Partnership OAK MANOR NURSING HOME, LTD.	1a. DOCUMENT # A29785
--	--



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 03/15/1990	5a. Capital Contributions as Shown on record. \$100,010.00
		3a. Date of Last Report 05/06/1997	5b. Amount of Capital Contributions in FLORIDA to date.
		4. State or Country of Formation FL	
2. Mailing Address 6000 Lake Forest Dr. Suite, Apt. #, etc. Suite 200 City & State Atlanta GA Zip 30328	2a. Principal Office Address Suite, Apt. #, etc. City & State Country USA	6. FEI Number 59-2994778	<input type="checkbox"/> Applied For <input checked="" 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)			

9. Name and Address of Current Registered Agent NEAL, A R ESQ. 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 34622	10. If changed, now Registered Agent/Office 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 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) EQUITY GENERAL PARTNERS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3600 OAK MANOR LANE,	11b. City, State & Zip Code LARGO FL 34644	11c. Registration/Document Number J91782
200002424202--4 -02/06/98--01125--008 *****526.25 *****526.25 137.50 88.75 dca			

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

CR2E003 (6/97)