

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 PM 4:40

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1. Name of Limited Partnership OAK MANOR NURSING HOME, LTD.	1a. DOCUMENT # A29785
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Mailing Address 6000 LAKE FORREST DR., SUITE 200 ATLANTA GA 30328	Principal Office Address P.O. BOX 3318 TAMPA FL 33601
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 03/15/1990	5a. Capital Contributions as Shown on record. \$100,010.00
3a. Date of Last Report 02/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 59-2994778
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

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 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
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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 <i>Anthony Pifer</i>	DATE 10/20/98
Typed or Printed Name of General Partner Signing Form <i>Anthony Pifer</i>	Daytime Telephone Number 404-255-7500

CR2E003 (8/98)