

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A30834

1. Entity Name

SPRING GATE MANOR, LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 9:52

Principal Place of Business

4380 KENT DRIVE
MARIANNA FL 32448

Mailing Address

3111 PACES MILL ROAD, SUITE A-250
C/O HALLMARK GROUP
ATLANTA GA 30339

2. Principal Place of Business

3111 Paces mill Rd

Suite, Apt. #, etc.

Suite A-250

3. Mailing Address

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Zip
30339

Country

Zip

Country

4. FEI Number

59-3057555

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/05)



6. Name and Address of Current Registered Agent

ADAMS, SUSAN
HALLMARK GROUP SERVICES OF FLORIDA, LLC
4040 NEWBERRY RD., STE. 1000
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # M03000001595
NAME HALLAMRK GROUP SERVICES OF FLORIDA, LLC
STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250
CITY-ST-ZIP ATLANTA GA 30339

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

500069947485
04/10/06--01050--008 **508.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Susan Adams

3-2-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE