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
97 DEC 30 PM 2:41

1. Name of Limited Partnership: STONECREST OF MARION COUNTY, LTD.

1a. DOCUMENT # A92000000202

Mailing Address: 11053 SE 174th Loop, Summerfield, FL 34491

Principal Office Address: 11053 SE 174th Loop, Summerfield, FL 34491

3. Date Formed or Registered: 12/07/92

3a. Date of Last Report: 11/04/96

4. State or Country of Formation: MARION

5a. Capital Contributions as Shown on Record: 3,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 3,000,000.00

2. Mailing Address

2a. Principal Office Address

State, Apt. # etc.

Suite, Apt. #, etc.

City & State

Zip Country

Zip Country

6. FEI Number: 65-0372135 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $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

L. HALL ROBERTSON, JR.
11053 SE 174th Loop
Summerfield, FL 34491

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 620.105 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, and 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
STONECREST MANAGEMENT, INC.	11053 SE 174th Loop	Summerfield, FL 34491	A92000000202

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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/We 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)(i), Florida Statutes. I/we release the Division of Corporations from any liability of noncompliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further verify 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 L. Hall Robertson DATE 12/29/97

Typed or Printed Name of General Partner Signing Form: L. Hall Robertson, Jr. Daytime Telephone Number: (352) 307-1033

CR2E003 (6/97)