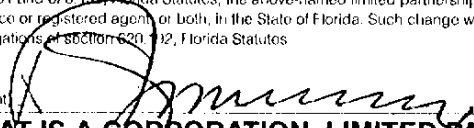
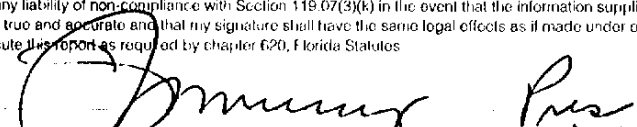


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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 26 PM 4:22 	
1. Name of Limited Partnership SEASONS OF TAMPA BAY, LTD.		1a. DOCUMENT # A95000000580			
Mailing Address 5816 N.W. 26TH COURT BOCA RATON FL 33406		Principal Office Address 5816 N.W. 26TH COURT BOCA RATON FL 33406		3. Date Formed or Registered 04/11/1995	
2. Mailing Address 2410 N.W. 49TH LANE Suite, Apt. #, etc.		2a. Principal Office Address 2410 N.W. 49TH LANE Suite, Apt. #, etc.		3a. Date of Last Report 01/03/1997	
City & State BOCA RATON, FL Zip 33431		City & State BOCA RATON, FL Zip 33431		4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record \$300,000.00		5b. Amount of Capital Contributions in FLORIDA to date: 300,000		6. FEI Number 59-3308563	
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 GRASSANO, ALAN R 5816 N.W. 26TH COURT BOCA RATON FL 33406	
10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 2410 N.W. 49TH LANE Suite, Apt. #, etc. City BOCA RATON FL Zip Code 33431		10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)  DATE 12/22/97					
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) GRASSANO ASSOCIATES, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5816 N.W. 26TH COURT 2410 N.W. 49TH LANE		11b. City, State & Zip Code BOCA RATON FL 33406 33431	
11c. Registration/Document Number S07745		7000002395847- - G -01/09/98--01081--008 ****550.00 ****550.00			
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 		Typed or Printed Name of General Partner Signing Form ALAN R. GRASSANO, President		DATE 12/08/97 Daytime Telephone Number 561-345-0330	

CR2E003 (6/97)