

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		FILED 99 FEB 15 PM 2:40 	
1. Name of Limited Partnership AMELIA TRACE ACLF, LTD.		1a. DOCUMENT # A95000001629			
Mailing Address 2317 BLANDING BOULEVARD, SUITE 3 JACKSONVILLE FL 32210		Principal Office Address 2317 BLANDING BOULEVARD, SUITE 3 JACKSONVILLE FL 32210		3. Date Formed or Registered 10/26/1995 3a. Date of Last Report 12/09/1997 4. State or Country of Formation FL	
2. Mailing Address 1900 Amelia trace CT. Suite, Apt. #, etc. City & State Fernandina Beach FL Zip Country 32034 Nassau		2a. Principal Office Address 1900 Amelia TRACE CT. Suite, Apt. #, etc. City & State Fernandina Beach Zip Country 32034 Nassau		5a. Capital Contributions as Shown on record \$500,000.00 5b. Amount of Capital Contributions in FLORIDA to date \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 6. FEI Number 59-3375280 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 SELL, STEVEN W 2317 BLANDING BOULEVARD, SUITE 3 JACKSONVILLE FL 32210				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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) ACTIVE CARE, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2317 BLANDING BOULEVA		11b. City, State & Zip Code JACKSONVILLE FL 32210	
11c. Registration/Document Number P94000066828		dec			
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 <u>Steven W. Sell</u> DATE <u>12-16-98</u> Typed or Printed Name of General Partner Signing Form <u>STEVEN W. SELL</u> Daytime Telephone Number <u>904 321 0898</u>					

CR2E003 (8/98)