



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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -3 AM 9:27 | |
| 1. Name of Limited Partnership ELDERLY LIVING LIMITED PARTNERSHIP | | 1a. DOCUMENT # A97000000639 | |  100002439631--8 -02/24/98--01093--009 *****541.25 *****526.25 | |
| Mailing Address 121 WARBLER LANE SOUTH SARASOTA FL 34236 | | Principal Office Address 121 WARBLER LANE SOUTH SARASOTA FL 34236 | | 3. Date Formed or Registered 03/17/1997 | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 3a. Date of Last Report 4. State or Country of Formation FL 5b. Amount of Capital Contributions in FLORIDA to date: 765,000 | |
| | | | | 5a. Capital Contributions as Shown on record: S.A. filed 4-3-98 765,000 | |
| | | | | 6. FEI Number 65-0751930 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 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 MILONAS, TASSO M. 1010 MAIN STREET, SUITE 1100 SARASOTA FL 34236 | | 10. If changed, new Registered Agent/Office Name J. MICHAEL HARTENSTINE Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE Suite, Apt. #, etc. City SARASOTA FL Zip Code 34236 | |
|---|--|---|--|

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)

J. Michael Hartenstine J. MICHAEL HARTENSTINE DATE 12-31-97

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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
| C.R. DEVELOPMENT, INC. | 121 WARBLER LANE SOUT | SARASOTA FL 34236 | P97000023465 |

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

Lee Chisli

DATE

12/30/97

Typed or Printed Name of General Partner Signing Form

Lee Chisli

Daytime Telephone Number

941 953 3757

CR2E003 (6/97)