

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR -5 AM 10:36



LIMITED PARTNERSHIP ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ALF I LTD.	1a. DOCUMENT # A97000000849 AMAR CM
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Mailing Address 23200 CAMINO DEL MAR, SUITE 701 BOCA RATON FL 33433	Principal Office Address 23200 CAMINO DEL MAR, SUITE 701 BOCA RATON FL 33433
2. Mailing Address 714 NE 22 WAY Suite, Apt. #, etc.	2a. Principal Office Address 714 NE 22 WAY Suite, Apt. #, etc.
City & State OCALA, FL	City & State OCALA, FL
Zip 34471	Zip 34471
Country USA	Country USA

3. Date Formed or Registered 04/17/1997	5a. Capital Contributions as Shown on record \$2,050,000.00 \$ 750,000
3a. Date of Last Report 12/19/1997	5b. Amount of Capital Contributions in FLORIDA to date 750,000
4. State or Country of Formation FL	6. FEI Number 65-0760303 <input type="checkbox"/> Applied For <input checked="" 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 MANKUTA, DAVID B ESQ. C/O ATKINSON, DINER, ET AL 1926 TYLER STREET HOLLYWOOD FL 33022-2088	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, Not Applicable) Suite, Apt. #, etc. City 2000002814472-1 03/22/99-01153-011 ****526.25 ****526.25 FL Zip Code
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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) CARRIAGE HOUSE OF OCALA, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 23200 CAMINO DEL MAR, 714 NE 22 WAY	11b. City, State & Zip Code BOCA RATON FL 33433 OCALA, FL 34471	11c. Registration/Document Number L96000000548
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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 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 Arthur Redice DATE 3/1/99
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 352-620-9842

CR2ED03 (12/98)