

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 JAN -4 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000000949
DRC OF GAINESVILLE, LTD.	

Mailing Address 402 LANSBROOK DRIVE VENICE FL 34292	Principal Office Address 402 LANSBROOK DRIVE VENICE FL 34292	3. Date Formed or Registered 04/30/1997	5a. Capital Contributions as Shown on record. \$1,250,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 06/08/1998	5b. Amount of Capital Contributions in FLORIDA to date: 817,942.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3515278 APPLIED FOR
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information) 326.25	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent MCMILLIN, DON R 402 LANSBROOK DRIVE VENICE FL 34292	10. If changed, new Registered Agent/Office Name: DRC of Gainesville, Inc Street Address (P.O. Box Number Is Not Acceptable): 3905 SW 43rd St Suite, Apt. #, etc. City: GAINESVILLE FL Zip Code: 32608
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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) *[Signature]* DATE 12-22-98

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
DRC OF GAINESVILLE, INC.	402 LANSBROOK DRIVE	VENICE FL 34292	P97000037658

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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 *[Signature]* DATE 12-22-98

Typed or Printed Name of General Partner Signing Form DON R MCMILLIN, PRESIDENT, DRC OF GAINESVILLE (941) 493-5194

CR2E003 (8/98)