## FILE UN OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

DIVISION OF CORPORATIONS 98 DEC 28 PM 4: 54 **DOCUMENT#** 1. Name of Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA A98000000528 CRANE CREEKSENIOR HOUSING PARTNERS, LTD 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address. 1333 LAPAZ STREET 100.00 PENSACOCA, PZ 3250/ **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 100,00 196 TECHNOLOGY DRIVE PZ 1333 LA PAZ Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Suite Not Applicable City & State City & State <del>32-50</del> 7. Certificate of Status Desired NSAC Ø \$8.75 Additional Fee Required Country 8. Make check payable to: Dept. of State (See reverse side for fee information) USÁ ヒSム 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office R.H. TOURTEZOT COMPANY, INC. 1333 LA PAZ STREET Street Address (P.O. Box Number Is Not Acceptable) PENSACOCA, FL 3250/ Suite Ant #, etc. City Zip Code 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. 11c. Name(s) of General Partner(s) 11b. City, State & Zip Code Document Number Pensacoca, FC 3250/ 1333 LAPAZ ST. DEASACOCA, FZ 3250/ 600002731046--01/05/83-01078-024 \*\*\*\*282.50 \*\*\*\*141.25

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), Fiorida 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 fam a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 30/7 Fiorida Statutes. SIGNATURE \_\_\_\_\_\_\_

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number