

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 AM 11:06

1. Name of Limited Partnership: <i>NHP Retirement Housing Partners I Limited Partnership</i>		1a. DOCUMENT # <i>A27914</i>	
2. Mailing Address <i>14160 Dallas Parkway Suite 300 Dallas, TX 75240</i>		2a. Principal Office Address <i>14160 Dallas Parkway Suite 300 Dallas, TX 75240</i>	
3. Date Formed or Registered <i>2/15/89</i>		5a. Capital Contributions as Shown on record <i>9,204,000.00</i>	
3a. Date of Last Report <i>12/20/95</i>		5b. Amount of Capital Contributions in FLORIDA to date: <i>9,204,000.00</i>	
4. State or Country of Formation <i>Delaware</i>		6. FEI Number <i>58-1453513</i>	
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 <i>CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301</i>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <i>800002364208--7</i> Suite, Apt. #, etc. <i>-12/05/97--01063--005</i> City <i>***1582 50 Zip ***1582.50</i> FL	
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<i>Capital Realty Group Senior Housing, Inc.</i>	<i>14160 Dallas Parkway Suite 300</i>	<i>Dallas, TX 75240</i>	<i>P36694</i>
<i>500.00 437.50 103.75 437.50 103.75</i>			<i>97-98 dec</i>

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 *D. A. M.* DATE *11-24-97*

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

CR2E003 (6/95)

CAPITAL
SENIOR
LIVING,
INC.

November 25, 1997

Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of NHP Retirement Housing Partners I, L.P.

Dear Sir/Madam:

Please find enclosed our annual report for 1997 and a check for \$1,582.50, representing fees of \$541.25 for 1997 and 1998, and a \$500 penalty for 1997.

Should you have any questions concerning this, you may call me directly at (972) 308-8385.

Sincerely,



Robert F. Hollister
Property Controller

14160 DALLAS PARKWAY
SUITE 300
DALLAS, TEXAS 75240
214 770 5600
FAX 214 980 4602