

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 30 PM 3:29

1. Name of Limited Partnership

1a. DOCUMENT #
A28211

HEALTHCARE PROPERTIES, L.P., LIMITED PARTNERSHIP



Mailing Address C/O CAPITAL REALTY GROUP SENIOR HOUSING 14160 DALLAS PARKWAY, SUITE 300 DALLAS TX 75240		Principal Office Address C/O CAPITAL REALTY GROUP SENIOR HOUSING 14160 DALLAS PARKWAY, SUITE 300 DALLAS TX 75240		3. Date Formed or Registered 04/17/1989	5a. Capital Contributions as Shown on record. \$4,220,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/16/1997	5b. Amount of Capital Contributions in FLORIDA to date: 4,220,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 26-1317327	
Zip		Zip		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)
Country		Country			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City
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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) CAPITAL REALTY GROUP SENIOR	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 14160 DALLAS PARKWAY,	11b. City, State & Zip Code DALLAS TX 75240	11c. Registration/Document Number P36699
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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

DATE

Typed or Printed Name of General Partner Signing Form

Robert F. Hollister, Treas. Controller
Capital Realty Group Senior Housing, Inc. - General Partner
Daytime Telephone Number 972-308-8385