

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28211**

1. Entity Name  
**HEALTHCARE PROPERTIES, L.P., LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business Mailing Address  
C/O CAPITAL REALTY GROUP SENIOR HOUSING C/O CAPITAL REALTY GROUP SENIOR HOUSING  
14160 DALLAS PARKWAY, SUITE 300 14160 DALLAS PARKWAY, SUITE 300  
DALLAS TX 75240 DALLAS TX 75240-4383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>26-1317327</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$4,220,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>4,220,000</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P36699</b> <b>CAPITAL REALTY GROUP SENIOR HOUSING, INC.</b> <b>14160 DALLAS PARKWAY, SUITE 300</b> <b>DALLAS TX 75240</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>500003267025--4</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>-05/25/00--01084--001</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>***526.25 ***526.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *Robert Landford* 4/25/00 972-308-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *General Partner* Date/ Day/Phone #

CR2E003 (9/99)