

2001 UNIFORM BUSINESS REPORT (UBR)

0015350 AF

of

DOCUMENT # **A28211**

1. Entity Name

HEALTHCARE PROPERTIES, L.P., LIMITED PARTNERSHIP

FILED

01 APR 17 PM 12:14

Principal Place of Business

Mailing Address

C/O CAPITAL REALTY GROUP SENIOR HOUSING
14160 DALLAS PARKWAY, SUITE 300
DALLAS TX 75240

C/O CAPITAL REALTY GROUP SENIOR HOUSING
14160 DALLAS PARKWAY, SUITE 300
DALLAS TX 75240

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-1317327

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$4,220,000.00

10. Amount of Capital Contributions in FLORIDA to date.

4,220,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P36699**
NAME **CAPITAL REALTY GROUP SENIOR HOUSING, INC.**
STREET ADDRESS **14160 DALLAS PARKWAY, SUITE 300**
CITY-ST-ZIP **DALLAS TX 75240**

STREET ADDRESS

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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:

Robert Landry, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/01
Date

972-770-5400
Daytime Phone #

CR2E003 (11/00)