

CT CORPORATION SYSTEM

A28211

CORPORATION(S) NAME

Healthcare Properties, L.P.

0

FILED
01 AUG 29 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004562119--1
-08/29/01--01061--001
*****52.50 *****52.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Photocopies | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Call If Problem | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Will Wait | |

RECEIVED
01 AUG 29 PM 12:10
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

29
8/28/01

Order#: 4754433

Ref#: _____

BK

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 29, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: HEALTHCARE PROPERTIES, L.P., LIMITED PARTNERSHIP
Ref. Number: A28211

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HEALTHCARE PROPERTIES, L.P., LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$52.50 payment.

The cancellation must be signed by the GENERAL PARTNER -- CAPITAL REALTY GROUP SENIOR HOUSING, INC.

If Mr. Brickman is signing for this corporation, then that must be indicated. If the general partner has been changed, an amendment will have to be filed before the cancellation can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 701A0004922

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01 SEP -6 AM 11:08
DIVISION OF CORPORATIONS

Added the capacity of Mr. Brickman as "acting as Secretary". Please file and backdate.

*Thank you!
Laura @ CT*

CERTIFICATE OF CANCELLATION
FOR

Healthcare Properties, L.P.

(insert name currently on file with Florida Dept. of State)

FILED
01 AUG 29 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

David R. Brickman

(Signature of a General Partner)

David R. Brickman, agent

(Typed or Printed name of General Partner Signing Above)

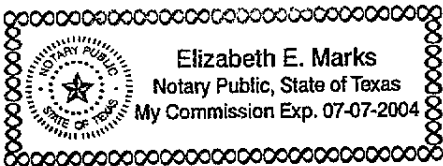
acting as secretary, Capital Realty Group Senior Housing, Inc.

STATE OF Texas

COUNTY OF Dallas

On this 26th day of JULY, 2001, DAVID R. BRICKMAN
personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____



Elizabeth E. Marks

Notary Public Signature

ELIZABETH E. MARKS

Notary's Printed Name

Seal

My Commission Expires: 7-7-2004