## 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

99 JAN -4 PM 1: 00

| 1. Name of Limited Partnership  | 1a. DOCUMENT #<br>A97000002762                           |   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |   |  |
|---|--|---|--|---|--|
| HEALTH CARE PROPERTIES XV, LTD.   |  |   |  |   |  |
| Mailing Address   | Principal Office Address                                 |   | 3. Date Formed or Registered   | 5a. Capital Contributions as Shown on record.               |  |
| 1865 EXECUTIVE PARK<br>CLEVELAND TN 37312   | 1865 EXECUTIVE PARK<br>CLEVELAND TN 37312                |   | 12/18/1997  3a. Date of Last Report  01/20/1998  | \$10,000.00  5b. Amount of Capital Contributions in FLORIDA |  |
| 2. Mailing Address  | 2a. Principal Office Address                             |   | 4. State or Country of Formation   | to date:  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                      |   | 6. FEI Number AP-PLIED FOR   | Applied For Not Applicable                                  |  |
| City & State  | City & State   |   | 7. Certificate of Status Desired   | \$8.75 Additional   |  |
| Zip Country   | Zip  | Country   | 8. Make check payable to: Dept. of S   | Fee Required late (See reverse side for fee information)    |  |
| 9. Name and Address of Current Res  | gistered Agent   |   | 10. If changed, new Registered   | Agent/Office  |  |
| ROARK, DONALD A ESQ.  201 EAST GOVERNMENT STREET PENSACOLA FL 32501  10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-name for the purpose of changing its registered office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.   |  | Suite, Apt. #, etc.  City  limited partnership orga | FL Zip Code  FL Zip Code  hip organized or registered under the laws of the State of Florida, submits this statement was authorized by its general partner(s). I hereby accept the appointment of registered |   |  |
| 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 (Do NOT Use Post Office Box | D-4-40  | City, State & Zip Code   | 11c. Registration/  |  |
| THE WELLINGTON GROUP, LLC   | 1865 EXECUTIVE PARK                                      | }   | EVELAND TN 37312   | 68/88<br>68/2E003 (8/98)                                    |  |
|   |  |   | -01/20/9   | 47934   |  |
| 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 filling 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. |  |   |  |   |  |

| SIGNATURI | Ε |
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|-----------|---|

SIGNATURE Search Mark D. W. 557

Daytime Telephone Number 423-475-0073