2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DB

FILED
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03 MAY -1 PM 6:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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DOCUMENT # A97000002762

1. Entity Name
HEALTH CARE PROPERTIES XV, LTD.

Principal Place of Business	Mailing Address
1865 EXECUTIVE PARK CLEVELAND TN 37312	1865 EXECUTIVE PARK CLEVELAND TN 37312

2. Principal Place of Business	3. Mailing Address
1850 Executive Park	1850 Executive Park
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Cleveland, TN	Cleveland, TN
Zip 37312 Country USA	Zip 37312 Country USA

DUE BY MAY 1, 2003

4. FEI Number 59-3482284 ☐ Applied For ☐ Not Applicable

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
NRAI SERVICES, INC 526 E. PARK AVE. TALLAHASSEE FL 32301	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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10,000.00		

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 #	M96000000416	STREET ADDRESS	1850 Executive Park
NAME	THE WELLINGTON GROUP, LLC	CITY-ST-ZIP	Cleveland, TN 37312
STREET ADDRESS	1865 EXECUTIVE PARK		
CITY-ST-ZIP	CLEVELAND TN 37312		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			100017824981
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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 4234730093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #