## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # B98000000076

98 DEC 14 PM 3: 20

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978 - 927 - 8300

BROOKWOOD MIAMI SERVICE CENTER INVESTORS LIMITED PARTNERSHIP			red	D D(2/8			
Mailing Address 55 TOZER ROAD BEVERLY MA 01915	Principal Office Address  C/O CORPORATION SERVICE COMPANY 1013 CENTRE ROAD WILMINGTON DE 19905-1297			3. Date Formed or Registered 02/02/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$1,600,000.00  5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address 55 TOZER ROAD			4. State or Country of Formation DE	f 1,328,000.00		
Suite, Apt. #, etc.  City & State	City & State			6. FEI Number ☐ Applied For ☐ Not Applicable			
Zip Country	Zip Country  O1915			7. Certificate of Status Desired \$8.75 Additional Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.  City					
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  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. (Do NOT Use Post Office Box	<u> </u>	11b.	City, State & Zip Code	11c. Registration/ Document Number		
BROOKWOOD MIAMI SERVICE CENT	55 TOZER ROAD		BEVERLY MA 01915		B9800000075		
			2000027212826 -12/23/3801076023 ****\$26.25 ****\$26.25				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
12. Ido hereby certify that the information supplied with this filing 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							