2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 APR 30 PM 12: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000076

1. Entity Name
BROOKWOOD MIAMI SERVICE CENTER INVESTORS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
50 DUNHAM RD. BEVERLY, MA 01915	55 TOZER ROAD BEVERLY, MA 01915

04192004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
		50 Dunham Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Beverly, MA	
Zip	Country	Zip: 01915	Country: USA

4. FEI Number 04-3405243 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$16,000,006.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #	B98000000075	STREET ADDRESS	
NAME	BROOKWOOD MIAMI SERVICE CENTER ASSOC.LP		
STREET ADDRESS	55 TOZER ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	BEVERLY, MA 01915		
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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: Thomas N. Trkla 4/23/04 978-927-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Thomas N. Trkla