

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

|                                                                                                                         |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # B98000000076</b><br>1. Entity Name<br><b>BROOKWOOD MIAMI SERVICE CENTER INVESTORS LIMITED PARTNERSHIP</b> |  |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

**FILED**

04 APR 30 PM 12:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>50 DUNHAM RD.<br/>         BEVERLY, MA 01915</b> | Mailing Address<br><b>55 TOZER ROAD<br/>         BEVERLY, MA 01915</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                                                          |                                                                                                                                                              |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br> | 3. Mailing Address<br><b>50 Dunham Road</b><br>Suite, Apt. #, etc.<br><br>City & State<br><b>Beverly, MA</b><br>Zip<br><b>01915</b><br>Country<br><b>USA</b> |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

04192004 Chg-LP CR2E003 (10/03)

|                                                                                             |                                                        |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>04-3405243</b>                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

|                                                                                                                                                                 |                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>         1201 HAYS STREET<br/>         TALLAHASSEE, FL 32301-2525</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

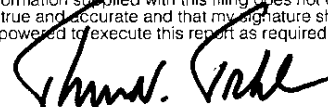
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                                     |                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------|
| 9. Capital Contributions as Shown on record. <b>\$16,000,006.00</b> | 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>B98000000075<br/>BROOKWOOD MIAMI SERVICE CENTER ASSOC.LP<br/>55 TOZER ROAD<br/>BEVERLY, MA 01915</b> | STREET ADDRESS<br>CITY-ST-ZIP |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         | STREET ADDRESS<br>CITY-ST-ZIP | <b>700036472637<br/>05/14/04--01048--032 **562.50</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                                       |

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/04 978.927.8300  
 Date Daytime Phone #

*Thomas N. Trkla*

STAPLE CHECK HERE