
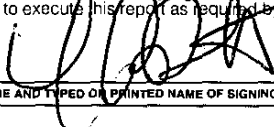


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--------------------------------|-----|--|---|----------------------------------|
| DOCUMENT # A03000000401 | | | |  | |
| 1. Entity Name WHISTLING PINES SENIOR, LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 | | | Mailing Address 2335 NORTH BANK DRIVE COLUMBUS, OH 43220 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 03302004 | Chg-LP CR2E003 (10/03) |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$1,000.00 | | | 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 # | N03000002111 | | STREET ADDRESS | | |
| NAME | GROVE CITY SENIOR, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 2335 NORTH BANK DRIVE | | | | |
| CITY-ST-ZIP | COLUMBUS, OH 43220 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
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| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| 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:  | | | M. R. Ricketts | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date 4/1/04 Daytime Phone # 614-451-2151 | | |



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