

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 25 PM 4:29



1. Name of Limited Partnership	1a. DOCUMENT # A07839
BOOTH LIMITED	

Mailing Address ATTN: TAX DEPT. 10750 COLUMBIA PIKE SILVER SPRINGS MD 20901		Principal Office Address ATTN: TAX DEPT. 10750 COLUMBIA PIKE SILVER SPRINGS MD 20901		3. Date Formed or Registered 08/22/1979	5a. Capital Contributions as Shown on record \$460,000.00
				3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date \$460,000.00
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc. 11555 Darnestown Rd		Suite, Apt. #, etc. 11555 Darnestown Rd		6. FEI Number 37-1080797	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Gaithersburg MD		City & State Gaithersburg MD		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 20878		Zip 20878		8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 33324	10. If changed, new Registered Agent/Off. co. Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) JACKSONVILLE HEALTHCARE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10750 COLUMBIA PIKE	11b. City, State & Zip Code SILVER SPRINGS MD	11c. Registration/Document Number 843719
<p>000001996750--4 -11/05/96--01168--002 ****576.25 ****576.25</p> <p>KWM</p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Leigh C. Comas
Leigh Comas

DATE

Daytime Telephone Number (301) 905 4525

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/96)