LIMITED PARTNERSHIP ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB -9 PM 4:01

1. Name of Limited Partnership: ST. CHARLES ASSOCIATES, LTD.

1a. DOCUMENT # A14022

Mailing Address	Principal Office Address
701 MAIDEN CHOICE LANE BALTIMORE MD 21228	1001 U S HIGHWAY 1 JUPITER FL 33469

3. Date Formed or Registered: 02/16/1983
3a. Date of Last Report: 12/31/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on report: $1,040,000.00
5b. Amount of Capital Contributions in FLORIDA to date: 0
6. FEI Number: 59-2193189 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee informa

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is not Acceptable)
Suite, Apt. #, etc
City FL Zip Code

900011277415--5
-02/12/99 01073-012
****141.25 ****141.25

10a. Pursuant to the provisions of Sections 620.1061 and 620.182, 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 620.182, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SENIOR CAMPUS LIVING, LLC SOLE PARTNER, INC.	701 MAIDEN CHOICE LAN 701 MAIDEN CHOICE LAN	BALTIMORE MD 21228 BALTIMORE MD 21228	P98000060870 F99000000725
Charlestown Community, Inc.	715 Maiden Choice Lane	Baltimore, MD 21228	
Charlestown Community Real Estate, LLC	715 Maiden Choice Lane	Baltimore, MD 21228	m99000000178

MK 2/9/99

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

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership recited or that I am empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____

Type or Printed Name of General Partner Signing Form: VP of Charlestown Community, Inc. Daytime Telephone Number: 410-242-2880