

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 15 PM 3:25

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  WOODHAVEN PARTNERS LTD.		1a. DOCUMENT # A21302	
Mailing Address <del>515 W. MARKET ST</del> LOUISVILLE KY 40202		Principal Office Address <del>515 W. MARKET ST</del> LOUISVILLE KY 40202	
2. Mailing Address 501 S. Fourth Avenue		2a. Principal Office Address 501 S. Fourth Avenue	
Suite, Apt. #, etc. 140		Suite, Apt. #, etc. 140	
City & State Louisville, KY		City & State Louisville, KY	
Zip 40202		Country USA	
3. Date Formed or Registered 11/25/1985		5a. Capital Contributions as Shown on record. \$1,000.00	
3a. Date of Last Report 12/24/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 93-0908787	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. 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	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HILLHAVEN PROPERTIES, LTD ATRIA COMMUNITIES, INC.	<del>515 W. MARKET ST</del> 501 S. Fourth Avenue <del>515 WEST MARKET STREET</del> 501 S. Fourth Avenue	LOUISVILLE KY 40202 LOUISVILLE KY 40202	P08488 F96000004227
100002722441--8 -12/24/98-01091-004 ****141.25 ****141.25			
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 _____, CEO		DATE 12/14/98	
Typed or Printed Name of General Partner Signing Form W. Patrick Mulloy, II		Daytime Telephone Number 502-719-1600	

CR2E003 (8/98)