

DOCUMENT # A24673

1. Name of Limited Partnership

Boynton Beach Limited Partnership

FILED

97 MAY 19 AM 11: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ul				15	DO NOT WRITE IN THIS SPACE.			
2. Making Address 8065 Leesburg Pike		3. Principal Office Address 8065 Leesburg Pike		4. Date	4. Date Formed or Registered To Do Business in Florida 6/11/87			
Suite, Apt. #, etc		Suite, Apt. #, etc.		<b>5.</b> FEII	Number		Applied For	
Suite 400 City & State		Suite 400 City & State		52	52-1531927		Not Applicable	
Vienna, VA Zip Country		Vienna, VA		6.	6. CERTIFICATE OF STATUS DESIRED  S8 /5 Additional For required for a Certificate of Status			
22182	USA	22182 USA			7. State or Country of Formation Fig.			
8a. Capital Contributions as Shown on Flecord \$100,00  8b. Amount of Capital Contributions in FLORIDA to date		FEES:1.) Fiting Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for gach year due this office.  2.) Supplemental Fee(s): \$103.75, for gach year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for gach year report form is delinquent.  Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.						
9. Name and Address of Current Re		****	· · · · · · · · · · · · · · · · · · ·	10	10. If changed, new registered agent/office			
The Prentice-H 1201 Hays Street Tallahassee, H	<u> </u>	Street Add						
			City	City Zip Code Tallahasse FL 32301				
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the taws 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)  Laura R. Dunlap, As agents 5-19-97  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY								
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
11. Names of Genera	al Partner(s)	Address of Each ( (Do NOT Use Post Of		City, Star	te and Zip Code		gistration lent Number	
NHP Real Esta	te Corporation	8065 Leesbur	g Pike	Vienna, VA	2218 <b>2</b>	P14784		
Boynton Enterp	oynton Enterprises, Inc. 1550 Spring Road		Road	Oak Brook,	IL	P12988		
			REINS	TATEM	***1966	99994 701080- .75 ***1!		
				4	0000021	89994 701080-	<u>22</u> 5	

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 Silder C. Box State Corporation, frank From DATE 5-16-97

Typed or Printed Name of General Partner Signing Form By: Mildred C. Benks, Asso feat Secretary Telephone Number 703/344-24-3



ACCOUNT NO. : 072100000032

REFERENCE :

: 395143

4807672

AUTHORIZATION

COST LIMIT

\$ PPD

ORDER DATE : May 16, 1997

ORDER TIME :

10:19 AM

ORDER NO.

395143-005

CUSTOMER NO:

4807672

CUSTOMER:

Ms. Mildred Banks

National Corporation For

8065 Leesburg Pike

Suite 400

Vienna, VA 22182

## DOMESTIC FILINGS

NAME:

BOYNTON BEACH LIMITED

PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS

Provident REC

RECEIVED 17 HAY 19 AMII: 39 15:0N OF CORPORATION