

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 APR 10 PM 4:00

SECRETARY OF STATE



1. Name of Limited Partnership	1a. DOCUMENT # A24673
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BOYNTON SANDPIPER LIMITED PARTNERSHIP

Mailing Address 6065 LEESBURG PIKE, SUITE 400 VIENNA VA 22182		Principal Office Address 6065 LEESBURG PIKE, SUITE 400 VIENNA VA 22182		3. Date Formed or Registered 06/11/1987	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address 1225 Eye Street, NW Suite, Apt. #, etc. Suite 200 City & State Washington, DC Zip 20005 Country USA		2a. Principal Office Address 1225 Eye Street, NW Suite, Apt. #, etc. Suite 200 City & State Washington, DC Zip 20005 Country USA		3a. Date of Last Report 05/19/1997	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation FL	
				6. FEI Number 52-1531927	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	10. If changed, new Registered Agent Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) NHP REAL ESTATE CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1225 Eye St., NW, St. 200 6065 LEESBURG PIKE, S	11b. City, State & Zip Code Washington, DC 20005 VIENNA VA 22182	11c. Registration/Document Number P14784
900002482429--5 BK 4/10/98			

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 _____

DATE **3/11/98**

Typed or Printed Name of General Partner Signing Form **By: Joel Bander, Exec VP**

Daytime Telephone Number **202-216-2936**

CR2E003 (6/97)



THE UNITED STATES
CORPORATION
COMPANY

A24673

ACCOUNT NO. : 072100000032

REFERENCE : 772255 7143669

AUTHORIZATION

Patricia P. Jett

COST LIMIT : \$ 141.25

ORDER DATE : April 7, 1998

ORDER TIME : 10:01 AM

ORDER NO. : 772255-070

CUSTOMER NO: 7143669

CUSTOMER: Delores Huston, Legal Asst
Nchp
1225 Eye Street, Nw
Suite 200
Washington, DC 20005

FILED
98 APR 10 PM 4 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: BOYNTON SANDPIPER LIMITED
PARTNERSHIP

bx-4/10/98
98 APR -9 AM 10:45
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *BSP*
Kevin A. Snowden

EXAMINER'S INITIALS: _____