


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A25374</b> 1. Entity Name MARION HOUSE CARE CENTER LIMITED PARTNERSHIP	
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**FILED**  
**2004 FEB 20 PM 3:38**  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Principal Place of Business 3930 E. SILVER SPRINGS BLVDS. OCALA, FL 34470	Mailing Address 1114 WYNWOOD AVENUE CHERRY HILL, NJ 08002
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052004    Chg-LP    CR2E003 (10/03)

4. FEI Number 22-2860653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

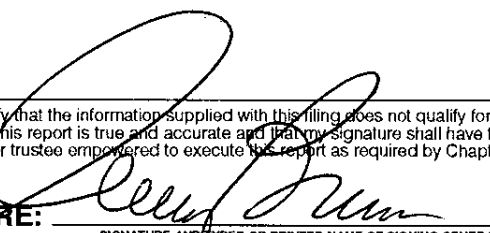
9. Capital Contributions as Shown on record. <b>\$98,900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MHCC, INC. 1114 WYNWOOD AVE. CHERRY HILL, NJ 08002	STREET ADDRESS	900027311739
NAME			02/20/04--01030--011 **\$98.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900027311739
NAME			01/21/04--01010--022 **\$437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <b>1/12/04</b> Daytime Phone #
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