

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

98 DEC 28 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # <b>A26309</b>
BETHAMY LIVING CENTER LIMITED PARTNERSHIP	



Mailing Address 10065 RED RUN BLVD. OWINGS MILLS, MD 21117	Principal Office Address 10065 RED RUN BLVD. OWINGS MILLS, MD 21117	3. Date Formed or Registered 04/21/1988	5a. Capital Contributions as Shown on record. \$4,001,000.00
		3a. Date of Last Report 01/20/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number <input type="checkbox"/> Applied For 59-2897332 <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT 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 Applicable) Suite, Apt. #, etc. City Zip Code
	608002739746--6 01-13-98 01056-006 ***526.25 ***526.25 FL

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) BETHAMY LIVING CTR MGMT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10065 RED RUN BLVD.	11b. City, State & Zip Code OWINGS MILLS, MD 2111	11c. Registration/Document Number M72633
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**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 Mark Fulchino DATE 10/10/98  
 Typed or Printed Name of General Partner Signing Form MARK FULCHINO Daytime Telephone Number 410-998-8578

CR2E003 (8/98)