

2000 UNIFORM BUSINESS REPORT (UBR)

0020386 AB

DOCUMENT # A26309

1. Entity Name
BETHAMY LIVING CENTER LIMITED PARTNERSHIP

Principal Place of Business 10065 RED RUN BLVD. OWINGS MILLS. MD 21117	Mailing Address 10065 RED RUN BLVD. OWINGS MILLS. MD 21117-4827
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2. Principal Place of Business 910 Ridgebrook Road Suite, Apt. #, etc.	3. Mailing Address 910 Ridgebrook Road Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Sparks, MD	City & State Sparks, MD	4. FEI Number 59-2897332	Applied For <input type="checkbox"/> Not Applicable
Zip 21152	Country	Zip 21152	Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **National Corporate Research, Ltd., Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1406 HAYS STREET, SUITE #2
City **Tallahassee** FL Zip Code **32301**

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.

SIGNATURE **John Morrissey, Asst. Vice President** April 25, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$4,001,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # M72633	NAME BETHAMY LIVING CTR MGMT	STREET ADDRESS	
NAME BETHAMY LIVING CTR MGMT	STREET ADDRESS 10065 RED RUN BLVD.	CITY - ST - ZIP	200003289652--2
STREET ADDRESS 10065 RED RUN BLVD.	CITY - ST - ZIP OWINGS MILLS, MD 21117		-06/14/00--01100--025
CITY - ST - ZIP OWINGS MILLS, MD 21117		STREET ADDRESS	****526.25 ****526.25
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DOCUMENT #	NAME	CITY - ST - ZIP	

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00 MAY -5 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SIGNATURE: **mark k fulcher** 4/23/00 410723-600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)