

2000 UNIFORM BUSINESS REPORT (UBR)

0020386 AB

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| 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 | 3. Mailing Address 910 Ridgebrook Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------|-----------------------------------|
| City & State Sparks, MD | City & State Sparks, MD |
| Zip 21152 | Zip 21152 |
| Country | Country |

| | |
|--|--|
| 4. FEI Number 59-2897332 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 |
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| 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 |
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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. | |
| SIGNATURE | John Morrissey, Asst. Vice President April 25, 2000 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| 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 | |
|---------------------------------|--------------------------------|
| DOCUMENT # | M72633 |
| NAME | BETHAMY LIVING CTR MGMT |
| STREET ADDRESS | 10065 RED RUN BLVD. |
| CITY - ST - ZIP | OWINGS MILLS, MD 21117 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
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| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY - ST - ZIP | 200003289652--2 -06/14/00--01100--025 ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
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| CITY - ST - ZIP | |
| STREET ADDRESS | |
| 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 | 410723-100 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Daytime Phone # |

CR2E003 (9/99)