

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A27918

1. Entity Name

HARBORSIDE HEALTHCARE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:15

Principal Place of Business: ONE BEACON ST., STE. 1500 TAX DEPT. BOSTON MA 02108
Mailing Address: ONE BEACON ST., STE. 1500 TAX DEPT. BOSTON MA 02108-3116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State

4. FEI Number: 04-2985687
Applied For: Not Applicable

Zip: Country: Zip: Country:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: \$1,447,649.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	F93000001468	STREET ADDRESS	A/3/8/00
NAME	KHI CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	ONE BEACHON STREET, SUITE 1100	STREET ADDRESS	0000003164840--5
CITY - ST - ZIP	BOSTON MA 02108	CITY - ST - ZIP	-03/10/00--01019--021
DOCUMENT #		STREET ADDRESS	***526.25 ***526.25
NAME		CITY - ST - ZIP	
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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: [Signature] DATE: 2/14/00 DAYTIME PHONE #: 617-646-5400

CR2E003 (9/99)