

2002 UNIFORM BUSINESS REPORT (UBR)

0001993 AB

DOCUMENT # A97000000314

1. Entity Name

HEALTH CARE PROPERTIES II, LTD.

FILED

2002 OCT -1 PM 12:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

1281 W. STRATFORD ROAD
AVON PARK FL 33825

Mailing Address

1281 W. STRATFORD ROAD
AVON PARK FL 33825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1865 Executive Park

Suite, Apt. #, etc.

City & State

Cleveland, TN

Zip

37312

Country

USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number

62-1693452

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M00000001128
NAME THE WELLINGTON GROUP OF DELAWARE, LLC
STREET ADDRESS 1865 EXECUTIVE PARK DRIVE
CITY-ST-ZIP CLEVELAND TN 37312

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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10/04/02 01051-014
*****567.50 *****567.50

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/3/02

423-478-0093

CR2E003 (4/02)