

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 31 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
**1a. DOCUMENT #
A97000002125**

CAMBRIDGE BAY AREA MEDICAL PLAZA, LTD.

Mailing Address 1700 PACIFIC AVE., 49TH FLOOR DALLAS TX 75201	Principal Office Address 1700 PACIFIC AVE., 49TH FLOOR DALLAS TX 75201
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 09/30/1997	5a. Capital Contributions as Shown on record. \$1,000.00
3a. Date of Last Report 02/26/1993	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 44,271.08
6. FEI Number 15-272 7672 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information) 407.39	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CAMBRIDGE BAMP, INC.	1700 PACIFIC AVE., 49	DALLAS TX 75201	P97000083576

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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 CAMBRIDGE BAMP, INC., GENERAL PARTNER
JEAN-CLAUDE SAADA, PRESIDENT DATE 12/18/98

Typed or Printed Name of General Partner Signing Form JEAN-CLAUDE SAADA Daytime Telephone Number 214-871-7337

CR2E003 (8/98)