

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # B97000000267
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FORUM RETIREMENT PARTNERS, L.P.

Mailing Address 10400 FERNWOOD RD., #500, DEPT. 862 BETHESDA MD 20817-1109	Principal Office Address 1013 CENTRE ROAD WILMINGTON DE 19805
2. Mailing Address	2a. Principal Office Address 10400 Fernwood Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. 500
City & State	City & State Bethesda, MD
Zip	Zip 20817-1109
Country	Country USA

3. Date Formed or Registered 06/02/1997	5a. Capital Contributions as Shown on record. \$0.00
3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation DE	
6. FEI Number 35-1686799	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.**

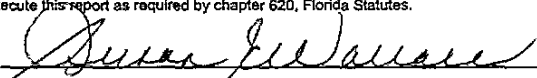
11. Name(s) of General Partner(s) FORUM RETIREMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) DEPT. 924.13, 10400 F 10400 Fernwood Rd	11b. City, State & Zip Code BETHESDA MD 20817 Bethesda, MD 20817-1109	11c. Registration/ Document Number P12497
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Note: 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



DATE

OCT 14 1998

Typed or Printed Name of General Partner Signing Form

Susan E. Wallace

Daytime Telephone Number (301) 380-7575

CR2E003 (8/98)