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

1. Name of Limited Partnership

1a. DOCUMENT # B9700000366

DIVISION OF CORPORATIONS
98 DEC 14 PM 3: 16

918-921-8300

| BROOKWOOD MERIDIAN ASSOCIATES LIMITED PARTNERSHIP | | | | | |
|---|---|--|------|--|---|
| Mailing Address 55 TOZER ROAD BEVERLY MA 01915 2. Mailing Address Suite, Apt. #, etc. | Principal Office Address 55 TOZER ROAD BEVERLY MA 01915 2a. Principal Office Address Suite, Apt. #, etc. | 55 TOZER ROAD BEVERLY MA 01915 2a. Principal Office Address | | 3. Date Formed or Registered 07/24/1997 3a. Date of Last Report 12/10/1997 4. State or Country of Formation DE 6. FEI Number | 5a. Capital Contributions as Shown on record. \$990.00 5b. Amount of Capital Contributions in FLORIDA to date: 990.00 |
| City & State Zip Country | City & State | Country | | 04-3379668 7. Certificate of Status Desired 8. Make check payable to: Dept. of St | Applied For Not Applicable \$8.75 Additional Fee Required late (See reverse side for fee informations) |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip C City FL Zip C City FL Zip C A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINES MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | Zip Code State of Florida, submits this statemen accept the appointment of registered |
| MUS 11. Name(s) of General Partner(s) BROOKWOOD MERIDIAN CO., L.L. | 11a. Address of Each General 11a. (Do NOT Use Post Office Box | 5 | 11b. | City, State & Zip Code | 11c. Registration/ Document Number M97000000441 7 1 9 8 2 3 [1 9 8 01096 006 1 . 25 ****141.25 |
| Note: General partners MAY NO 12. I do hereby certify that the information supplied with | | · | | | . |

Corporations from any flability 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

EVE'M. TRILLA, CFO

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _

Typed or Printed Name of General Partner Signing Form