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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

DOCLIMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 14 PM 3: 31

Name of Limited Partnership		B97000000370				
BROOKWOOD MERIDIAN PA	ARTNERS LIMITED PAF	RTNERSHIP				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
55 TOZER ROAD BEVERLY MA 01915	55 TOZER ROAD BEVERLY MA 01915		07/24/1997 3a. Date of Last Report 12/12/1997 4. State or Country of Formation	\$1,375,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		\$1,141, 250.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For Not Applicable	
City & State Zip Country	City & State			ū	\$8.75 Additional Fee Required	
Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Cur	rent Registered Agent		10. If changed, new Registered	Agent/Office		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
		City	FL Zip Code			
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation.	or registered agent, or both, in the State of Flor					
SIGNATURE (Registered Agent Accepting Appointment)			DATE			
A GENERAL PARTNER THA	AT IS A CORPORATION, I IST BE REGISTERED AN	LIMITED PAF ID ACTIVE W	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUŞI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers) 11b	City, State & Zip Code	11c.	Registration/ Document Number	
BROOKWOOD MERIDIAN ASSOCIATE	55 TOZER ROAD	В	BEVERLY MA 01915		B97000000366	
			0000027 -12/23/ ****52	7212 93-01 6.25	,	
Note: General partners MAY NO	OT he changed on this form	n: an amendr	ent must be filed to cha	inge a d	eneral partner	

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.

Daytime Telephone Number