## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

 Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 

FILED SECRETARY OF STATE ADIVISION OF CORPORATIONS

98 JAN -2 PM 3: 28

Daytime Telephone Number Q79 027 0200

Brookwood Flamingo Pa	rtners Limited P	u artners	ship				
Mailing Address	ling Address Principal Office Address			3. Date Formed or Registered 58. Capital Contributions as Shown on record. \$3,950,000.00			
				3a. Date of Last Report	1	,	
				4. State or Country of Formation	5b. Amou	int of Capital ibutions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address			to da	e.	
55 Tozer Road		55 Tozer Road		DE	\$3,278,500.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	. Suite, Apt. #, etc.		6. FEI Number 04-3386138	Applied For		
City & State	City & State				Not Applicable		
Beverly, MA Country	Beverly, MA	Zip Country 01915		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country 01915				8. Make check payable to Dept. of State (See reverse side for fee information			
9. Name and Address of Curr	ent Registered Agent			10. If channed, new Boxistors	d Agent/Office		
&		Name	10. If changed, new Registered Agent/Office Name				
Corporation Service COmpany		Streel Address (P.O. Box Number is Not Acceptable)					
1201 Hays Street Tallahassee, FL 32301		Sireer Auc	2000024022822				
		Suito, Apt	#, etc.	-01715	-01/15/9801113006		
		City		****541.25 ****541.25 Zip Code			
agent. I am lamiliar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	T IS A CORPORATION	, LIMITEC	PART	NERSHIP OR OTHE	R BUSII	NESS ENTITY	
	ST BE REGISTERED A		1			Registration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	e Box Numbers)	11b.	City, State & Zip Code	11c.	Decument Number	
Brookwood Flamingo Associates Limited Partnership	55 Tozer Road		Beverly, MA 01915		B97000000459		
Note: General partners MAY NO							
<ol> <li>I do hereby certify that the information supplied with Corporations from any hability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as required by of</li> </ol>	ith Section 119 07(3)(k) in the event that th signature shall have the same legal effects napter 620, Florida S'atiites.	e information supp as if made under	phed is deem loath. I furthe	ed exempt from public access. I furthor or certify that I am a General Parther of	er certify that th the limited part	e information indicated on nership, rece ver or trusted	
SIGNATURE	Everel, Fig. 1.			DATE <b>1</b>	<del>9/94</del> /0	7	
Typed or Printed Name of General Partner Signing Form	Eve M. Trkla			Davtime Telephone Number 0			