

\$50.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State	
2000 UBR		FILED 00 OCT 26 PM 1:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Limited Liability Company's Name The Wellington Group, LLC			
2. Principal Office Address 1865 Executive Park Suite, Apt. #, etc.		3. Mailing Office Address 1865 Executive Park Suite, Apt. #, etc.	
4. State/Country of Formation Tennessee		5. Date Organized or Qualified To Do Business in Florida 10/23/96	
6. FEI Number 62-1643012		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
City & State Cleveland, TN		City & State Cleveland, TN	
Zip 37312	Country USA	Zip 37312	Country USA

8. Name and Address of Current Registered Agent	
Name Donald A. Roark	
Street Address (P.O. Box Number is Not Acceptable) 1101 Gulf Breeze Parkway, #65	
Suite, Apt. #, Etc.	
City Gulf Breeze	State FL
Zip Code 32561	

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Donald A. Roark Date 10/24/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Chief Mgr.	William J. Stout, Jr.	1865 Executive Park	Cleveland, TN 37312
Sec.	Mark D. West	1865 Executive Park	Cleveland, TN 37312
THIS IS THE 2000 UNIFORM BUSINESS REPORT.			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Buddy B. Presley, Jr. Date 10-20-00 Daytime Phone # 423/756-6400

Typed or printed name of signing Managing Member/Manager Buddy B. Presley, Jr.

McKoon, Billings, Gold, Presley, P.C.
ATTORNEYS & COUNSELORS AT LAW

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October 23, 2000

Ms. Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

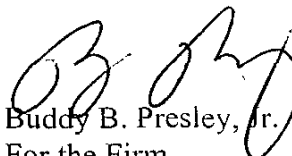
In re: The Wellington Group, LLC, Health Care Properties XIV, Ltd., Health Care Properties XV, Ltd. and Health Care Properties XVII, Ltd.

Dear Ms. Harris:

Our firm represents the above-referenced companies which are all authorized to do business in the State of Florida and which have all been administratively dissolved for failure to file their 2000 annual reports. We are hereby requesting that you waive the reinstatement fees for these companies because the company was in the process of updating it's files and the annual reports were misplaced and/or not received. Our correspondent, Corporate Access, Inc., is in the process of filing the annual reports along with the necessary annual fees.

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me.

Very truly yours,


Buddy B. Presley, Jr.
For the Firm

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