File on or before May 1, 1999 or Limited Liability Company will be

ANNUAL REPORT 1999 FILING FEE Annual Report \$100.00 + \$88.75			FLORIDA DEPARTMENT OF STATE Katherine Harris Secrétary of State DIVISION OF CORPORATIONS Corporation Supplemental Feb-		FILE JUL 20 A		A 7	1/26
1. Name	and Mailing Address ited Liability Company	CHARAGE E PLORIDA						
ROSEMARY HOUSING LLC C/O THE GATEHOUSE GROUP 313 CONGRESS STREET BOSTON MA 02210					1e. Principal Place of Business Address C/O THE GATEHOUSE GROUP 313 CONGRESS STREET BOSTON MA 02210			
2 Princip	al Place of Business	2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02/26/1998		MA	
								Applied For
City & State		City & State		04-3396815			Not Applicable	
Zip	Country	Zip	Co	ountry	5. Date of Last Report		6. Certificate of Status Desired 58 75 Additional Fee Required X	
	7. Name and Address of Current	Registered	l Agent	Name	Name and Address	of New Regis	tered Agei	nt/Office
9. Pursua its registe as registe		Suite, Apt. #, 6 City Florida Statutes, the above-named limit		****597.50 *****597.50 FL Zip Code FL I liability company submits this statement for the purpose of changing ative vote of a majority of the members. I hereby accept the appointment				
(Registered Agent Accepting Appointment) (NOTE Registered Age					fure required when reinstating)			
MGR MGR MGR	R PLONSKIER, MARC S R CANEPARI, DAVID J		313 CONGRESS STREE 313 CONGRESS STREE 313 CONGRESS STREE		ET	BOSTON MA BOSTON MA BOSTON MA		
indicated of limited liab attachmen	reby certify that the information supplied wi on this annual report is true and accurate a illulty company or the receiver of its stee en it with an address.	nd that my s powered to	signature shall have execute this report a	the same legal effect a is required by Chapter	s if made under oath; 608, Florida Statutes	that I am a mar ; and that my na	naging men ame appear	nber or manager of the

INHSE10 R (12-98)