LPR3D2/29/00:01:1766: 40.00 MU SOSIL S016343 FILED 1108

Form LP 108 OFFICIAL CO70/0271 38 001 Page 1 of

2000-03-13 15:36:03

Cook County Recorder

23.00

Filing Fee \$15

SUBMIT IN DUPLICATE!

File #

Assigned by Secretary of State

FILING DEADLINE IS PRIOR TO

July 1, 1994

month, day, year

All correspondence regarding this filing will be sent to the repistered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

BIENNIAL RENEWAL REPORT (Illinois or foreign limited partnership) (Please type or print clearly)

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

1.	Limited partnership's name: Briar Glen Healthcare Centre, L.P.
2.	Address of office where records required by Section 104 (Illinois) or Section 902 (foreign) are kept (P.O. Box alone & c/o are unacceptable:) 10700 W. Higgins, Rosemont, Illinois
3.	File number assigned by the Secretary of State:
4.	Federal Employer Identification Number (F.E.I.N.): 36-3081100
5.	Assumed name, if any:
	Admitting name, if any (foreign only):
7.	Registered agent: First name Albert Middle name Last name Milstein Registered Office: (P.O. Box alone and c/o are unacceptable)
	Number 35 Street W. Wacker Suite# 4200
	City Chicago County Cook State Illinois ZIP Code 60601
8.	State of jurisdiction: If other than Illinois, attach a Certificate of Good Standing or Existence not more than 30 days old. Also give formation date in that state



Rev. Jan. 1999)

UNOFFIGMAL COPY

LPR302/29/00:01:1766:

40.00 MU

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I affirm that any entity serving as a general partner for this limited partnership is in good standing in its home state.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.
Signature X
Type or print name and title Shael Bellows, General Partner
Name of General Partrier if a corporation or other entity
(Signature must be in <u>BLACK It is</u> on an original document. Carbon copy, photocopy or rubber stamp signatures may only bused on conformed copies.)
Ox
RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960 http://www.sos.state.il.us.
Telephone: (217) 785-8960 http://www.sos.state.il.us.

RETURN TO: