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CERTIFICATE OF LIMITED PARTNERSHIP OF HEALTHCARE RESIDENTIAL, LTD.

ARTICLE 1
NAME

The name of the limited partnership is HEALTHCARE RESIDENTIAL, LTD.

ARTICLE 2
ADDRESS

The principal place of business and mailing address of the limited partnership is 9400 South Dadeland Boulevard, Suite 100, Miami, Florida 33156.

ARTICLE 3
REGISTERED AGENT

The name of the registered agent for service of process is Gary J. Cohen.

ARTICLE 4
ADDRESS OF REGISTERED AGENT

The street address for the registered agent is 201 South Biscayne Boulevard, Suite 1500 (GJC), Miami, Florida 33131.

ARTICLE 5
GENERAL PARTNER

The name and business address of the general partner is as follows:

Everglades Healthcare Residential, LLC
9400 South Dadeland Boulevard
Suite 100
Miami, Florida 33156

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Under penalties of perjury, the undersigned confirms having read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this 19th day of July, 2011.

EVERGLADES HEALTHCARE RESIDENTIAL, LLC
General Partner

By: _____
Gary J. Cohen, Authorized Representative

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ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

DATED THIS 19th DAY OF JULY, 2011

Gary J. Cohen, Registered Agent

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