
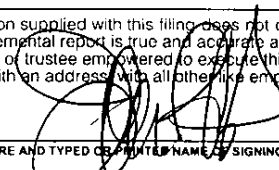


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90074 015 \*\*\*150.00

<b>DOCUMENT # F06000000644</b>					
1. Entity Name BROOKDALE LIVING COMMUNITIES, INC.					
Principal Place of Business 330 N WABASH AVE STE 1400 CHICAGO, IL 60611			Mailing Address 330 N WABASH AVE STE 1400 CHICAGO, IL 60611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1348354	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Co-CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, MARK J		NAME		
STREET ADDRESS	330 N WABASH AVE STE 1400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	Co-President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIJOS, JOHN P		NAME		
STREET ADDRESS	330 N WABASH AVE STE 1400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	SV	<input checked="" type="checkbox"/> Delete	TITLE	EVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKIN, DEBORAH C		NAME	T. Andrew Smith	
STREET ADDRESS	330 N WABASH AVE STE 1400		STREET ADDRESS	111 Westwood Drive, #200	
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP	Brentwood, TN 370217	
TITLE		<input type="checkbox"/> Delete	TITLE	Co-CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	W.E. Sheriff	
STREET ADDRESS			STREET ADDRESS	111 Westwood Drive, #200	
CITY-ST-ZIP			CITY-ST-ZIP	Brentwood, TN 37027	
TITLE		<input type="checkbox"/> Delete	TITLE	Co-President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mark W. Ohlendorf	
STREET ADDRESS			STREET ADDRESS	6737 West Washington, #2300	
CITY-ST-ZIP			CITY-ST-ZIP	Brentwood, TN 37027	
TITLE		<input type="checkbox"/> Delete	TITLE	EVP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kristin A. Ferge	
STREET ADDRESS			STREET ADDRESS	6737 West Washington, #2300	
CITY-ST-ZIP			CITY-ST-ZIP	Milwaukee, WI 53214	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: By: 		John P. Rijos, Co-President		04/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	