


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90193 004 ***158.75

DOCUMENT # F96000001035

1. Entity Name
ASSISTED LIVING PROPERTIES, INC.



Principal Place of Business
**10000 INNOVATION DR.
 TAX DEPT.
 MILWAUKEE, WI 53226 US**

Mailing Address
**10000 INNOVATION DR.
 TAX DEPT.
 MILWAUKEE, WI 53226 US**

14004747



2. Principal Place of Business
6737 W. Washington St

3. Mailing Address
6737 W. Washington St.

Suite, Apt. #, etc.
Ste 2300

Suite, Apt. #, etc.
Ste 2300

04202005 Chg-P CR2E034 (10/03)

City & State
Milwaukee, WI

City & State
Milwaukee, WI

Zip
53214

Country

Zip
53214

Country

4. FEI Number
48-1179716

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS OHLENDORF, MARK W 10000 INNOVATION DR. MILWAUKEE, WI 53226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6737 W. Washington St, Ste 2300 Milwaukee, WI 53214</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FERGE, KRISTIN 10000 INNOVATION DR. MILWAUKEE, WI 53226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6737 W. Washington St, Ste 2300 Milwaukee, WI 53214</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS KRUPP-GORDON, GERI 10000 INNOVATION DR. MILWAUKEE, WI 53226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6737 W. Washington St, Ste 2300 Milwaukee, WI 53214</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kristin Ferge* **4/25/05** **414-918-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #