

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90014 026 ***150.00

DOCUMENT # F97000004438

1. Entity Name

BROOKDALE LIVING COMMUNITIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O BROOKDALE LIVING COMMUNITIES, INC.
 77 WEST WACKER DR. STE 4400
 CHICAGO IL 60601
 US

C/O BROOKDALE LIVING COMMUNITIES, INC.
 77 WEST WACKER DR. STE 4400
 CHICAGO IL 60601-1635
 US

2. Principal Place of Business

See Attachment A

3. Mailing Address

See Attachment A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4174024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SO PINE ISLAND RD
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHULTE, MARK J	
STREET ADDRESS	77 WEST WACKER DR, STE 4400	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, DARRYL W JR	
STREET ADDRESS	77 WEST WACKER DR, STE 4400	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RUDNIK, ROBERT J	
STREET ADDRESS	77 WEST WACKER DR, STE 4400	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VT	<input type="checkbox"/> Delete
NAME	YOUNG, STANLEY R	
STREET ADDRESS	77 WEST WACKER DR, STE 4400	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTTHANS, KIM E	
STREET ADDRESS	77 WEST WACKER DR, STE 4400	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	330 N. Wabash Ave., Suite 1400	
CITY-ST-ZIP	Chicago, IL 60611	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	330 N. Wabash Ave., Suite 1400	
CITY-ST-ZIP	Chicago, IL 60611	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	330 N. Wabash Ave., Suite 1400	
CITY-ST-ZIP	Chicago, IL 60611	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	330 N. Wabash Ave., Suite 1400	
CITY-ST-ZIP	Chicago, IL 60611	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1209 Orange Street	
CITY-ST-ZIP	Wilmington, DE 19801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Rudnik
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00 312 977 3760

Robert J. Rudnik

CR2E034 (9/99)