

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004438

FILED
Apr 20, 2009
Secretary of State

Entity Name: BROOKDALE LIVING COMMUNITIES OF FLORIDA, INC.

Current Principal Place of Business:

330 NORTH WABASH
SUITE 1400
CHICAGO, IL 60611 US

New Principal Place of Business:

Current Mailing Address:

C/O BROOKDALE LIVING COMMUNITIES, INC.
330 N WABASH AVE #1400
CHICAGO, IL 60611 US

New Mailing Address:

FEI Number: 36-4174024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVPS () Delete
Name: SMITH, T. ANDREW
Address: 111 WESTWOOD DRIVE, #200
City-St-Zip: BRENTWOOD, TN 37027

Title: CEOD () Delete
Name: SHERIFF, W.E.
Address: 111 WESTWOOD DRIVE, #200
City-St-Zip: BRENTWOOD, TN 37027

Title: PD () Delete
Name: RIJOS, JOHN P
Address: 330 N WABASH AVE #1400
City-St-Zip: CHICAGO, IL 60611

Title: PD () Delete
Name: OHLENDORF, MARK W
Address: 6737 W. WASHINGTON STREET, #2300
City-St-Zip: MILWAUKEE, WI 53214

Title: EVPT () Delete
Name: FERGE, KRISTEN
Address: 6737 W. WASHINGTON STREET, #2300
City-St-Zip: MILWAUKEE, WI 53214

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. RIJOS

_____ Electronic Signature of Signing Officer or Director

P

04/20/2009

_____ Date