

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 22 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002108

1. Entity Name
SUMMERVILLE SENIOR LIVING, INC.

Principal Place of Business

3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON, CA 94583

Mailing Address

3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON, CA 94583

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 2004

4. FEI Number
54-1789198

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] PRES. FOR HIQ CORPORATE SERVICES, INC.

12-20-2004

FILE NOW!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	GRANGER, COBB	
STREET ADDRESS	3000 EXECUTIVE PKWY SUITE 530	
CITY-ST-ZIP	SAN RAMON, CA 94583	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, STUART	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS 38TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, BILL	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS 38TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKERMAN, RICHARD	
STREET ADDRESS	1999 AVENUE OF THE STARS #1900	
CITY-ST-ZIP	LOS ANGELES, CA 90067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MELANIE WERDEL	
STREET ADDRESS	3000 EXECUTIVE PKWY SUITE 530	
CITY-ST-ZIP	SAN RAMON CA 94583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000042408340	
STREET ADDRESS	11/02/04--01066--005 **\$750.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
MELANIE WERDEL, VP

10/28/04 (925) 866-1999

Date

Daytime Phone #