

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-23-2007 90361 043 \*\*\*\*50.00

**DOCUMENT # M04000003682**



1. Entity Name  
**BROOKDALE PROVIDENT MANAGEMENT, LLC**

Principal Place of Business  
**330 N. WABASH AVENUE, SUITE 1400  
 CHICAGO, IL 60611**

Mailing Address  
**330 N. WABASH AVENUE, SUITE 1400  
 CHICAGO, IL 60611**

40075030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-1363684**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
 NAME BROOKDALE LIVING COMMUNITIES, INC.  
 STREET ADDRESS 330 N WABASH AVE., STE 1400  
 CITY-ST-ZIP CHICAGO, IL 60611

TITLE MGR  Change  Addition  
 NAME Mark J. Schulte  
 STREET ADDRESS 330 North Wabash, #1400  
 CITY-ST-ZIP Chicago, Illinois 60611

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGR  Change  Addition  
 NAME John P. Rijos  
 STREET ADDRESS 330 North Wabash, #1400  
 CITY-ST-ZIP Chicago, IL 60611

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGR  Change  Addition  
 NAME Mark W. Ohlendorf  
 STREET ADDRESS 6737 West Washington, #2300  
 CITY-ST-ZIP Milwaukee, WI 53214

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGR  Change  Addition  
 NAME W.E. Sheriff  
 STREET ADDRESS 111 Westwood Drive, #200  
 CITY-ST-ZIP Brentwood, TN 37027

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: By:**

**John P. Rijos, Manager 312/977-3700 04/10/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #