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To:

Division of Corporations

; (850)205-0383

From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850) 222-1092 Fax Number : (850) 878-5926 FLORIDA/FOREIGN LIMITED LIABILITY CO.

BLC Atrium-Jacksonville, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
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Electronic Filing Menu

Corporate Filing Menu

1/26/2006

_ https://efile.sunbiz.org/scripts/efilcovr.exe

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | BLC Atrium-Jacksonville, LLC | | | | |
|--|--|--|--|--|--|
| | (Name of Foreign Limited Liability Company) | | | | |
| 2. | Delaware 3. Applied For | | | | |
| · | (Jurisdiction under the law of which foreign limited liability company is organized) January 23, 2006 5. Perpenial Outside of Operation Limited liability company will character to the label of Operation Limited Liability company will character to the law of Operation Liability company will character to the law of Operation Liability company will character to the law of Operation Liability company will character to the law of Operation Liability company will character to the law of Operation Liability company will character to the law of which foreign limited liability company will character to the law of which foreign limited liability (FEI number, if applicable) January 23, 2006 | | | | |
| 4, | January 23, 2006 5. Perpetual | | | | |
| | (Date of Organization) (Duration: Year limited liability company will grase to exist or "perpetual") | | | | |
| 6. | Upon qualification | | | | |
| | (Date first transacted business in Florida, if prior to registration.) (See acctions 608,501 & 608,502 F.S. to determine penalty liability) | | | | |
| 7. | 330 N. Wabash Avenus, Suite 1400, Chicago, IL 60611 | | | | |
| | | | | | |
| | (Street Address of Principal Office) | | | | |
| | T015 - 10-3 10-7 100 | | | | |
| ŏ. | If limited liability company is a manager-managed company, check here | | | | |
| 9. The name and usual business addresses of the managing members or managers are as follows: | | | | | |
| | The state Till and Tee 290 M White the summer Suffer 1400 Atlanta M 20021 | | | | |
| | Brookdale Liberty, Inc. 330 N. Wabash Avenue, Suite 1400, Chicago, IL 60611 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 10 | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having | | | | |
| | Added to an original certificate of existence, no more man so days on, any additional by the certificate to day of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate | | | | |
| is i | n a foreign language, a translation of the certificate under oath of the translator must be submitted.) | | | | |
| | | | | | |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: own, operate and/or manage | | | | |
| ; | a senior living facility | | | | |
| , | Mark J. Allan | | | | |
| | Signature of a member or an authorized representative of a member. | | | | |
| | (In accordance with section 608.408(3), F.S., the execution of this document constitutes | | | | |
| | an affirmation under the penalties of perjury that the facts stated herein are (tue.) | | | | |
| | Mark J. Schultz, Authorized Representative | | | | |
| | Typed or printed name of signee | | | | |

PLOSY - MOSROS C'Y System Ostine

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of | f the Limited Liability Company is: | |
|--|---|------------------------|
| BLC Atrium-Jacks | sonville, LLC | |
| 2. The name an | nd the Florida street address of the registered agent and office are: | |
| | C T Corporation System | |
| | (Name) | * |
| | 1200 South Pine Island Road | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | • |
| | Plantation, Florida 33324 | |
| | City/State/Zip | 4. |
| agent and agree relating to the pr obligations of my | y at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of all roper and complete performance of my duties, and I am familiar with and a position as registered agent as provided for in Chapter 608, Florida State CT Corporation System Sarah B. Ayala | statutes scoept the |
| By: Sar | (Signature)/) Assistant Secret*n/ | 25 |
| | (0) | May B M |
| | | 1 9: 59 FLOATE |
| | \$ 100.00 Filing Fee for Application | D |
| | \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) | |
| | \$ 5.00 Certificate of Status (antiqual) | |

FL057 - 9/09/05 C Y System Calling



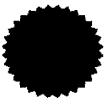
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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLC ATRIUM-JACKSONVILLE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2006.



4065700 8300 060065689



Warriet Smith Hindson
Harrier Smith Windson, Socretary of State

AUTHENTICATION: 4470351

DATE: 01-24-06 -

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