

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014001 AF

DOCUMENT # M98000000145

1. Entity Name
SENIOR LIFESTYLE MANAGEMENT, L.L.C.

Principal Place of Business

111 E. WACKER DR. SUITE 2400
CHICAGO IL 60601

Mailing Address

111 E. WACKER DR. SUITE 2400
CHICAGO IL 60601-4200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2837251

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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KAPLAN, WILLIAM B
STREET ADDRESS 111 E. WACKER DR., SUITE 2400
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME NETZKY, THEODORE P
STREET ADDRESS 111 E. WACKER DR., SUITE 2400
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME KLINGHER, MICHAEL
STREET ADDRESS 85 BROAD STREET C/O WHSLH REALTY, LLC
CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME ROTHENBERG, STUART
STREET ADDRESS 85 BROAD STREET C/O WHSLH REALTY, LLC
CITY-ST-ZIP NEW YORK NY 10004 ☐ Delete

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

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature **REQUIRES** Stephen J. Levy 4/26/00 (312) 673-4328

CR2E083 (9/99)