

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # M98000000145****1. Entity Name**  
SENIOR LIFESTYLE MANAGEMENT, L.L.C.

<b>Principal Place of Business</b> 111 E. WACKER DR. SUITE 2400  CHICAGO IL 60601	<b>Mailing Address</b> 111 E. WACKER DR. SUITE 2400  CHICAGO IL 60601
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country
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<b>4. FEI Number</b> 74-2837251	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
  
LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY ROAD  
  
TALLAHASSEE FL 32311 US**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.****SIGNATURE** \_\_\_\_\_ **04/24/2001**  
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**

<b>9. MANAGING MEMBERS / MEMBERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ROTHENBERG STUART 85 BROAD STREET C/O WHSLH REALTY, LLC NEW YORK NY 10004 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> KLINGER MICHAEL 85 BROAD STREET C/O WHSLH REALTY, LLC NEW YORK NY 10004 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> NETZKY THEODORE P 111 E. WACKER DR., SUITE 2400 CHICAGO IL 60601 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> KAPLAN WILLIAM B 111 E. WACKER DR., SUITE 2400 CHICAGO IL 60601 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** William B. Kaplan **MGR** **04/24/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)