2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State

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|--|---|----------------------|--|---|---|-------------------------|---|--|--|--|----------------------|------------------------------|
| DOCUMENT # 839014 1. Entity Name LIFE CARE RETIREMENT COMMUNITIES, INC. | | | | | | | | | | 103 027 *** | **70 | .00 |
| |) AVENUE IA 50309-1800 US | SUITE 3 | FRAND AVE. | 9-1835 | | | | - . | | | | |
| | ace of Bysiness - No P.O. Box # Grand Ave. | 100 E | . Grand A | \ve. | | | | | | <u> </u> | | |
| Suite, Apt. Suite 2 | 00 | Suite | | | | | 01092007 | Chg-NP | CF | R2E037 (12/0 | | |
| City & State Des Moi | nes, IA | | s State Oines, I | 4 | | | 4. FEI Numbe 42-1068 | | | | + | lied For Applicable |
| Zip | Country 835 US | Zip | 9-1835 | | intry US | | 5. Certificate | of Status Des | ired [| \$8.75 Fee Req | | onal |
| 50309-1 | 833 US 6. Name and Address of Current R | | | | 1 | | 7. Name and | Address of | New Regis | | | |
| CT CORPO | DRATION SYSTEM | | | | Name | | | | | | | |
| CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 | | | | | Street A | ddress (| P.O. Box Numbe | er is Not Acce | ptable) | | | |
| | | | | | | | | | | | | |
| | | | | | City | | | | | FL Zip | Code | |
| | named entity submits this statement for ions of registered agent. | r the purpos | e of changing its | register | ed office o | r register | ed agent, or bot | h, in the State | of Florida. | . I am familiar v | vith, a | nd accept |
| (10 02 mga | and of rogistored agent. | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applica | able. (NOTI | E: Registere | d Agent signat | ure required | when reinstating) | | | DATE | | |
| SIGNATURE . | | and title if applica | able. (NOTI 9. Election Car Trust Fund C | npaign F | inancing | ure required | \$5.00 May B Added to Fees | е | | check payab Department of | | te |
| SIGNATURE . | Signature, typed or printed name of registered agent a | | 9. Election Car | npaign F | Financing tion. | | \$5.00 May B | | Florida | check payab Department c | of Sta | |
| 10. | Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D | | 9. Election Car | npaign F Contribut | Financing ion. | D | \$5.00 May B Added to Fees ADDITIONS/CH | ANGES TO O | Florida | check payab Department c | of Sta | |
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12. 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 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 617, 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 like empowered.

| SIG | N.I | ATI | ID | ᇀ. |
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SCO'
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Scott M. Harrison 515-288-5805

Date Daytime Phone #