

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000493

Entity Name: ELDER HEALTHCARE DEVELOPERS, L.L.C.

Current Principal Place of Business:

500 NORTH HURSTBOURNE PARKWAY
SUITE 200
LOUISVILLE, KY 40222

Current Mailing Address:

500 NORTH HURSTBOURNE PARKWAY
SUITE 200
LOUISVILLE, KY 40222 US

FEI Number: 58-2298192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name VENTAS SL I, LLC
Address 500 NORTH HURSTBOURNE
PARKWAY
SUITE 200
City-State-Zip: LOUISVILLE KY 40222

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VENTAS SL I, LLC

AUTHORIZED MEMBER

04/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date