

839014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

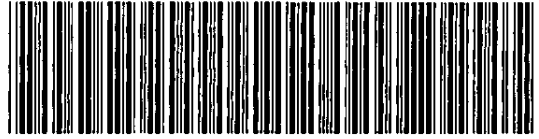
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2009 JUL -9 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## LIFE CARE RETIREMENT COMMUNITIES

July 8, 2009

Florida Secretary of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed for filing in your offices are two copies of the Not For Profit Corporation Application by Foreign Not For Profit Corporation to File Amendment to Application for Conducting Affairs in Florida. I have also included a check in the amount of \$52.50 for the filing fees and certificates.

Please return a filed stamped copy along with the Certificate of Status and Certified Copy.

If you have any questions, please contact me at (515) 288-5805.

Sincerely,

A handwritten signature in black ink that reads 'Annette Miller'.

Annette Miller  
Corporate Legal Counsel

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Life Care Retirement Communities, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 839014

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette Miller  
Name of Contact Person

Life Care Retirement Communities, Inc.  
Firm/Company

100 East Grand Ave., Suite 200  
Address

Des Moines, Iowa 50309  
City/State and Zip Code

annette.miller@lrcr.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Miller at ( 515 ) 288-5805  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**NOT FOR PROFIT CORPORATION  
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE  
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

839014

(Document Number of Corporation (If known))

1. Life Care Retirement Communities, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Iowa 3. 08/25/1977  
(Incorporated under laws of) (Date authorized to conduct affairs in Florida)

**SECTION II  
(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 7/08/2009

5. Lifespace Communities, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

\_\_\_\_\_ (New duration) \_\_\_\_\_ (Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

\_\_\_\_\_ (New jurisdiction) \_\_\_\_\_ (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

\_\_\_\_\_

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Larry M. Smith  
(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Larry M. Smith  
(Typed or printed name of the person signing)

Vice President and CFO  
(Title of person signing)

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TALLAHASSEE STATE  
SECRETARY OF FLORIDA