

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 30 PM 1:33

10/30

DOCUMENT # A00000001732

1. Name of Limited Partnership

SENIOR LIFESTYLE JUPITER II, LIMITED PARTNERSHIP

REINSTATEMENT 2002

2. Principal Office Address

111 East Wacker Drive

Suite, Apt. #, etc.

Suite 2400

City & State

Chicago, IL

Zip

60601

Country

USA

3. Mailing Office Address

111 East Wacker Drive

Suite, Apt. #, etc.

Suite 2400

City & State

Chicago, IL

Zip

60601

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

April 24, 2001

5. FEI Number

32-0038198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for Certificate of Status

7a. Capital Contributions as shown on Record:

1,116,500

7b. Amount of Capital Contributions in FLORIDA to date:

\$ 1,116,500

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Lexis Document Services Inc.

Street Address (P.O. Box Number is Not Acceptable)

3953 WW Valley Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Anna K. ...

DATE

10-23-02

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a. Registration
Document Number**

SL Jupiter L.L.C.

111 East Wacker Drive
Suite 2400

Chicago, IL 60601

M99000000939

REINSTATEMENT 2002

3000008630703

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By:

William B. Kaplan

DATE

October 22, 2002

Typed or Printed Name of General Partner Signing Form

William B. Kaplan
SL Jupiter L.L.C.

Telephone Number

(312) 673-4490

CR2E039 (9/01)

ACCOUNT FILING COVER SHEET

242

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2036676-1
(Sub Account)

DATE: 10/30

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Senior Lifestyle Jupiter II, Limited Partnership

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

Reinstate LP
w/CUS

1026.25
8.75

☒ CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

DIVISION OF CORPORATION

02 OCT 30 AM 8:17

RECEIVED