

A03000000401

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

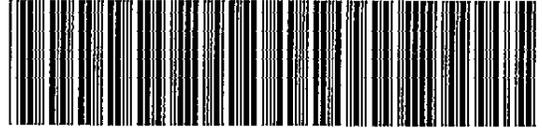
(Business Entity Name)

(Document Number)

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SECTION 607, STATUTE
TITLE 60, CHAPTER 609
ALLAHASSEE, FLORIDA

FILED

A03-401
JR

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLAHASSEE, FLORIDA

03 MAR 12 PM 4: 08

RECEIVED



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 956308 7215698

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 6, 2003

ORDER TIME : 12:17 PM

ORDER NO. : 956308-010

CUSTOMER NO: 7215698

CUSTOMER: Ms. Suzann Cunningham
National Church Residences

2335 North Bank Drive

Columbus, OH 43220

DOMESTIC FILING

NAME: WHISTLING PINES SENIOR,
LIMITED PARTNERSHIP

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 1149

EXAMINER'S INITIALS: _____

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TALLAHASSEE FLORIDA

03/07/03 PM 1:13

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 13, 2003

KIMBERLY MORET
CSC

SUBJECT: WHISTLING PINES SENIOR, LIMITED PARTNERSHIP
Ref. Number: W03000007327

We have received your document for WHISTLING PINES SENIOR, LIMITED PARTNERSHIP and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

RESUBMIT

Please give original
submission date as file date. Ref. Number: 403A00015802

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03 MAR 13 PM 4:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. Whistling Pines Senior, Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 2335 North Bank Drive, Columbus, Ohio 43220
(Business address of Limited Partnership)

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street, Tallahassee, Florida 32301
(Florida street address for Registered Agent)

5. By: Corporation Service Company Lynette Coleman
Lynette Coleman as its agent
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 2335 North Bank Drive, Columbus, Ohio 43220
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: perpetual

8. Name(s) of general partner(s): _____ Street address: _____

Grove City Senior, Inc. 2335 N. Bank Drive, Col., OH 43220
NO3-2111

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4th day of March, 2003.

Signature of all general partners:
[Signature] _____ General Partner
_____ General Partner
_____ General Partner
_____ General Partner

03 MAR 12 PM 11:10
FILED
TALLAHASSEE FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
Whistling Pines Senior, Limited Partnership

a Florida Limited Partnership, certify:

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MAR 12 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ -0-

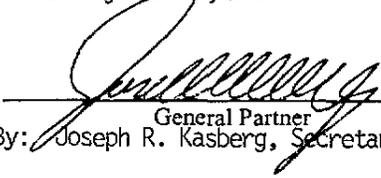
The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000.00

Signed this 10th day of March, 2003

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

Grove City Senior, Inc.



General Partner
By: Joseph R. Kasberg, Secretary/Treasurer

General Partner

General Partner

General Partner

General Partner

General Partner