

## **Certificate of Limited Partnership**

**A06000000951**  
**FILED**  
**August 02, 2006**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:  
5 STAR LIVING, LTD.

Street Address of Limited Partnership:  
511 S.W. PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL. 34953

Mailing Address of Limited Partnership:  
511 S.W. PORT SAINT LUCIE BLVD.  
PORT SAINT LUCIE, FL. 34953

The name and Florida street address of the registered agent is:  
JOHN A GROZA  
1417 SW OSPREY COVE  
PORT SAINT LUCIE, FL. 34986

I certify that I am familiar with and accept the responsibilities of  
registered agent.

Registered Agent Signature: JOHN A. GROZA

The name and address of all general partners are:

Title: G  
JOHN A GROZA  
1417 SW OSPREY COVE  
PORT SAINT LUCIE, FL. 34986

Title: G  
PATRICIA A GROZA  
1417 SW OSPREY COVE  
PORT SAINT LUCIE, FL. 34986

The effective date for this Limited Partnership shall be:  
08/02/2006

Signed this Second day of August, 2006

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

General Partner Signature: JOHN A. GROZA

General Partner Signature: PATRICIA A. GROZA