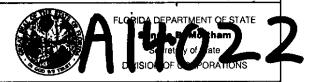
APPLICATION FOR REINSTATEMENT **FOR** 

LIMITED PARTNERSHIP



SECRETARY OF STATE

97 JUL -7 PM 12: 56

## DOCUMENT #

1. Name of Limited Partnership

St. Charles Associates, Ltd.

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|--------|----------------------------|
| (h)    | <b>/</b>                   |
| ( * )I |                            |
| /      | DO NOT WRITE IN THIS SPACE |
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|                                                                                                                                       |                                                                                        | •                                                                                                                                                                                                                                                                                                                                                                               | (10(1)                                        |                                                                                                                                          |                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|
| 2. Mailing Address<br>701 Maiden                                                                                                      | Mailing Address 701 Maiden Choice Lane 3. Principal Office Address 1001 U.S. Highway 1 |                                                                                                                                                                                                                                                                                                                                                                                 |                                               | 4. Date Formed or Registered To Do Business in Florida Feb. 16, 1983                                                                     |                                             |  |
| Sulte, Apt. #, etc.                                                                                                                   |                                                                                        | Suite, Apt. W, etc.                                                                                                                                                                                                                                                                                                                                                             |                                               | 5. FEI Number                                                                                                                            | Applied For                                 |  |
| City & State<br>Baltimore, MD                                                                                                         |                                                                                        | City & State Jupiter, Florida                                                                                                                                                                                                                                                                                                                                                   |                                               | 59-2193189                                                                                                                               | Not Applicable 8 75 Additional Fee required |  |
| Zip                                                                                                                                   | Country                                                                                | <sup>Zip</sup> 33458                                                                                                                                                                                                                                                                                                                                                            | Country                                       | OERTIFICATE OF STATUS DESIRED                                                                                                            | for a Certificate of States                 |  |
| 21228                                                                                                                                 | USA                                                                                    | 33430                                                                                                                                                                                                                                                                                                                                                                           | USA                                           | 7. State or Country of Formation Flor:                                                                                                   | ida                                         |  |
| \$1,040,000,00<br>8b. Amount of Capital Contributions in FLORIDA to date:<br>\$1,040,000.00                                           |                                                                                        | \$437.50, for <u>each year due</u> this office.  2.) Supplemental Fee(s): \$103.75 for <u>each year gue</u> this office, beginning with 1992 calendar yi 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be appropriate filing fee. |                                               |                                                                                                                                          | d along with a separate and                 |  |
| 9. Name and Address of Current Registered Agent                                                                                       |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                 |                                               | 10. If changed, new registered agent/office                                                                                              |                                             |  |
| Jeff Daversa<br>Daversa & Martin<br>218 U.S. Highway 1<br>Suite 202                                                                   |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                 | Street Address (1200 Sour Suite, Apt. #, etc. | CT Corporation System  Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road  Suite, Apt. #, etc.  City         |                                             |  |
|                                                                                                                                       |                                                                                        | d 620, 192, Florida Statutes, the                                                                                                                                                                                                                                                                                                                                               | e above-named limited partnership             | o organized or registered under the laws of the State of Flo                                                                             | xida, submits this statement                |  |
| Suite 202 Tequesta, Florida 33469  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-name |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                 | Plantati<br>e above-named limited partnershi  | City Plantation, FL 33324  ed 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)

· Marie

A.D. Hamilton Asst. Secretary

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner

Registration
Document Number City, State and Zip Code 11a. 11. Names of General Partner(s) (Do NOT Use Post Office Box Numbers) John C. Erickson 701 Maiden Choice Lane Baltimore, MD 21228

Senior Campus Living, INC. f/k/a Retirement & Health Services Corporation

500.00 137.5U

701 Maiden Choice Lane Baltimore, MD 21228

F94000004572

REINSTATEMEN

1000022333801---07/03/87--01060--016 \*\*\*1050.00 \*\*\*1050.00

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 pertnership, receiver or trustee empowered to execute this lepon as required by chapter 820, Florida Statutes.

SIGNATURE

John C. Erickson

Telephone Number 410-242-2880