FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # **A33223**

SUNRISE ATRIUM LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
9401 LEE HWY STE 300 FAIRFAX VA 22031	1080 NW 15TH STREET BOCA RATON FL 33486

3. Date Formed or Registered: 07/23/1992

3a. Date of Last Report: 03/04/1996

4. State or Country of Formation: VA

5a. Capital Contributions as Shown on record: $1,230,544.00

5b. Amount of Capital Contributions in FLORIDA to date: $630,044

6. FEI Number: 52-1786384 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	9401 Lee Highway Suite, Apt. #, etc. Suite 300
City & State	City & State Fairfax, VA 22031
Zip / Country	Zip / Country

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
JURAN, LAWRENCE B., ESQUIRE 5550 GLADES ROAD, SUITE 400 BOCA RATON FL 33431	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road Suite, Apt. #, etc. City: Plantation **FL** Zip Code: 33324

10a. 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) CT CORPORATION SYSTEM By: Kevin J. Callagher, Asst. V.P. DATE 12/26/96

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

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
SUNRISE ATRIUM, INC.	9401 LEE HWY., #300	FAIRFAX VA	P39742

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****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed 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 partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE December 30, 1996

Thomas B. Newell, Executive Vice President
Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 703-273-7500

Sunrise Assisted Living Investments, Inc.

CR2E003 (6/96)