

A96000001515

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

56 AUG 13 PM 12:23

FILED

\$1785.00 - FF
52.50 - CC

000001927180
-08/20/96--01132--020
***1837.50 ***1837.50

Sunrise Northshore Assited Living Limited Partnership

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger CM |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> CUS | |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> After 4:30 |
| | <input type="checkbox"/> Mail Out | <input checked="" type="checkbox"/> Pick Up |

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

8/13

please call w/ filing
fee - Thanks -
Tera
CT CORP

CERTIFICATE OF LIMITED PARTNERSHIP

1. Sunrise Northshore Assisted Living Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 9401 Lee Highway, Suite 300, Fairfax, Virginia 22031
(Business address of Limited Partnership)
3. CT Corporation System
(Name of Registered Agent for Service of Process)
4. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)
5. CONNIE BRYAN
Connie Bryan SPECIAL ASSISTANT SECRETARY
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 9401 Lee Highway, Suite 300, Fairfax, Virginia 22031
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2096
8. Name(s) of general partner(s): F94 000002855 Street address:
Sunrise Assisted Living Investments, Inc. 9401 Lee Highway, Suite 300
Fairfax, Virginia 22031

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 12th day of August, 1996.

Signature of all general partners:

Sunrise Assisted Living Investments, Inc.

By: *[Signature]*
Thomas B. Newell, Executive Vice President

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AUG 13 PM 12:23
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

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

The undersigned constituting all of the general partners of Sunrise Northshore Assisted Living Limited Partnership
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 99.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 2,000,000.00

Signed this 12th day of August, 19 96.

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.

Sunrise Assisted Living Investments, Inc.

By: 

Thomas B. Newell, Executive Vice President

FILED
56 AUG 13 PM 12:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUNRISE

DEVELOPMENT, INC.

Via Fed Ex

Division of Corporations
Attention: Registration Section
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Sunrise Northshore Assisted Living Limited Partnership
Sunrise Assisted Living Limited Partnership
Sunrise Atrium Limited Partnership

Gentlemen:

Enclosed please find the Limited Partnership Annual Reports, together with checks to cover the filing fees in the amount indicated below, to be filed on behalf of the above referenced limited partnerships:

	Filing Fee
1. Sunrise Northshore Assisted Living Limited Partnership	000002051300--8
	-01/08/97--01106--019
Filing Fee	\$ 437.50***2326.25 ***1750.00
Supplemental Corporate Fee	138.75
Fee for filing Supplemental Affidavit	1,750.00 \$2,326.25
2. Sunrise Assisted Living Limited Partnership	
Filing Fee	\$ 52.50
Supplemental Corporate Fee	138.75 191.25
3. Sunrise Atrium Limited Partnership	
Filing Fee	\$ 437.50
Supplemental Corporate Fee	138.75 576.25

Please don't hesitate to contact me if you have any questions.

Very truly yours,

Rebecca L. Fehrs
Rebecca F. Fehrs
Paralegal

Name	A96-1515
Availability	
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgement	GSH

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of Sunrise Northshore Assisted Living Limited Partnership, a Florida Limited Partnership, execute this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is \$5,906,000.

This 20th day of December, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner:

SUNRISE ASSISTED LIVING
INVESTMENTS, INC.

By: 

Thomas B. Newell
Executive Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 AM 10:49