

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Sandra B. Mortha Secretary of State DIVISION OF CORPORATIONS		FILED 98 JUL 20 PM 3: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE.	
DOCUMENT # A96-1515					
1. Name of Limited Partnership Sunrise Northshore Assisted Living Limited Partnership					
2. Mailing Address 9401 Lee Highway Suite 300 Fairfax, VA 22031 USA		3. Principal Office Address 9401 Lee Highway Suite 300 Fairfax, VA 22031 USA		4. Date Formed or Registered To Do Business in Florida 8/13/1996	
				5. FEI Number 54-1817924	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation Florida	
8a. Capital Contributions as Shown on Record \$5,906,000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date \$6,640,000.00					
9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324				10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) 000002596610-2 Suite, Apt. #, etc. 07/23/98-01063-004 ***1035.00 ***1035.00 City FL Zip Code	
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. CONNIE BRYAN SIGNATURE (Registered Agent Accepting Appointment) CONNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE 7/16/98					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s) Sunrise Assisted Living Investments, Inc.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9401 Lee Highway Suite 300		City, State and Zip Code Fairfax, VA 22031	
				11a. Registration Document Number F94000002855 CM 98 Cus	

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

Typed or Printed Name of General Partner Signing Form

Sunrise Assisted Living Investments, Inc. By **Thomas B. Newell, Exec. V.P.** DATE **7/15/98** Telephone Number **(703) 273-7500**

CR2E039 (12/97)