APPROVED AND FILED

02 APR 24 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001515

1. Entity Name

SUNRISE NORTHSHORE ASSISTED LIVING LIMITED PARTNERSHIP

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DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
7902 WESTPARK DR.	7902 WESTPARK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MCLEAN, VA.	City & State: MCLEAN, VA.
Zip: 22102 Country: USA	Zip: 22102 Country: USA

4. FEI Number: 54-1817924 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD.

City: PLANTATION, FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $6,640,000.00

10. Amount of Capital Contributions in FLORIDA to date. $6,640,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F94000002855	STREET ADDRESS	
NAME	SUNRISE ASSISTED LIVING INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	7902 WESTPARK DR. MCLEAN VA. 22102		
CITY-ST-ZIP			
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CR2E003B (12/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JULIAN S. MYERS BENTON, ASST. SEC. OF SUNRISE ASSISTED LIVING INVESTMENTS, INC. 4/19/02 (703) 744-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #