

A96000001515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

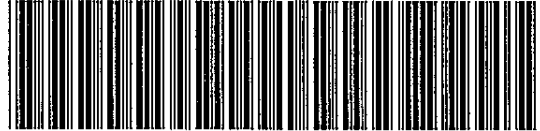
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03 JAN 27 PM 12:41
TALLAHASSEE, FLORIDA

FILED
03 JAN 27 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

January 27, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5775332 SO
Customer Reference 1: None Provided
Customer Reference 2: N/A

Dear Secretary of State, Florida:

Please file the attached:

Sunrise Northshore Assisted Living Limited Partnership (FL)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CANCELLATION
FOR**

Sunrise Northshore Assisted Living Limited Partnership

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 8/13/96, hereby submits this certificate of cancellation.

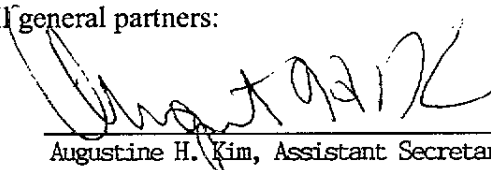
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

This partnership is no longer doing business.

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TALLAHASSEE, FLORIDA

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:


Augustine H. Kim, Assistant Secretary of
Sunrise Assisted Living Investments, Inc. (GP)