2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# A98000001589

Entity Name: AMERICAN SENIOR LIVING LIMITED PARTNERSHIP

Current Principal Place of Business:

3073 HORSESHOE DRIVE, STE 100
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O LIBERTY HEALTHCARE
3073 HORSESHOE DRIVE, STE 100
NAPLES, FL 34104

New Mailing Address:

3073 HORSESHOE DRIVE, STE 100
NAPLES, FL 34104

FEI Number: 59-3522732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #: P98000041409
Name: AMERICAN SENIOR LIVING, INC.
Address: 3073 HORSESHOE DRIVE, STE 100
City-St-Zip: NAPLES, FL 34104

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE P. WAGNER, III DIR 04/21/2009

Electronic Signature of Signing General Partner — Date