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Florida Department of State

Division of Corporations

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Attn: Diane Cushing

FOREIGN LIMITED PARTNERSHIP

Lakeland Retirement Residence Limited Partnership

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	$1,846.25

Per conversation here & the document was sent back. Please refile & back date to 8/23/05 Thanks! Becky

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TC

$461,128.00

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 25, 2005

LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHIP
2250 MCGILCHRIST ST., SE, SUITE 200
SALEM, OR 97302

SUBJECT: LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHIP
REF: W05000040376

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The new name designated in your document is unavailable. A foreign limited partnership whose name is not available in Florida must adopt analternate name which contains the word "Limited" or its abbreviation "Ltd." for use in the State of Florida. Please amend your document to include the alternate name the limited partnership will use in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

FAX Aud. #: H05000201939
Letter Number: 905A00054034

LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHIP

PO Box 14111
Salem, OR 97309

August 25, 2005

Florida Secretary of State

RE: Lakeland Retirement Limited Partnership

Dear Sir or Madam:

The purpose of this letter is to inform you that our registration was accidentally expired and we are attempting to re-qualify the entity in Florida. All of the information is the same as the earlier registration.

If you have any questions regarding the enclosed, please contact me at 503/586-7209. Thank you.

Sincerely,

LAKELAND RETIREMENT RESIDENCE
LIMITED PARTNERSHIP

William E. Colson
General Partner

Enclosures
:dp

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Lakeland Retirement Residence Limited Partnership
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Oregon (State of Formation) 4. 12/29/97 (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation (City), Florida 33324 (Zip Code)

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TALLAHASSEE, FLORIDA

7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System
By: _____
(Agent must sign on this line)

8. 2250 McGilchrist St. SE, Suite 200, Salem, OR 97302
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

B.F., Limited Partnership, 600 University St., Suite 2500, Seattle, WA 98101 B00000000385

(Brandon) Brandon Family L.L.C., 2250 McGilchrist Street SE, Salem, OR 97302 M00000000 2639

William E. Colson, 2250 McGilchrist Street SE, Salem, OR 97302

10. 2250 McGilchrist Street SE, Salem, OR 97302
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. PO Box 14111, Salem, OR 97309

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 1st day of August.

William E Colson
General Partner

STATE OF Oregon

COUNTY OF Marion

On this 1st day of August, 2005.

William E Colson, personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of

OFFICIAL SEAL
DEBRA E PARSONS
NOTARY PUBLIC-OREGON
COMMISSION NO. 370927
MY COMMISSION EXPIRES SEPT 6, 2007

Debra E Parsons
(Notary Public Signature)

Debra E Parsons
(Notary's Printed Name)

Seal My Commission Expires: 9-6-07

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared William E. Colson a general partner of Lakeland Retirement Residence Limited Partnership, a (an) Oregon limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 140,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is: $ 461,128.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 5th day of August, 2005.

William E Colson

General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Oregon

COUNTY OF Marion

On this 5th day of August, 2005

William E. Colson personally appeared before me

☒ who is personally known to me
☐ whose identity I proved on the basis of ______

Debra E Parsons
(Notary Public Signature)

Debra E Parsons
(Notary's Printed Name)

OFFICIAL SEAL
DEBRA E PARSONS
NOTARY PUBLIC-OREGON
COMMISSION NO. 370027
MY COMMISSION EXPIRES SEPT 6, 2007

Seal My Commission Expires: Sept 6, 2007