

B11 000000/04

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

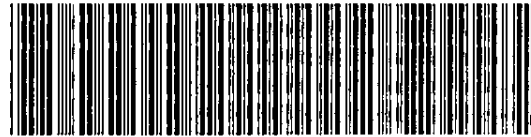
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/06/11--01012--030 **1052.50

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T. CLINE

MAY 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2011

BRENT BRUNNE
800 VILLAGE SQUARE CROSSING #309
PALM BEACH GARDENS, FL 33410

SUBJECT: ATRIA RETIREMENT PROPERTIES, L.P.
Ref. Number: W11000025687

We have received your document for ATRIA RETIREMENT PROPERTIES, L.P. and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 911A0001143

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATRIA RETIREMENT PROPERTIES, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

BRENT T. BRUNNE

Contact Person

ATRIA RETIREMENT PROPERTIES, L.P.

Firm/Company

800 VILLAGE SQUARE CROSSING # 309

Address

PALM BEACH GARDENS, FL 33410

City, State and Zip Code

ATRIA RP @ COMCAST. NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Brunne

Name of Contact Person

at (561) 656-2087

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)
- ☐ \$1,008.75 Filing Fees
and Certificate of
Status
- ☒ \$1,052.50 Filing Fees
and Certified Copy
- ☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. ATRIA RETIREMENT PROPERTIES, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

THE "ATRIA" GROUP, L.P. OR "SUSTAINABLE EQUITY PARTNERS, L.P."

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. NEW YORK STATE

State or Country of Formation

3. 7/7/92

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

BRENT BRUNNE

800 Village Square Crossing #309

Palm Beach Gardens, Florida 33410

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

7. Principle Office: (Florida Street Address)

800 Village Square Crossing

309

Palm Beach Gardens, FL 33410

8. Mailing Address:

SAME

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: BRENT BRUNNE

Name of General Partner: _____

Street Address: 800 Village Sq. Crossing 309

Street Address: _____

Palm Beach Gardens FL

33410

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____

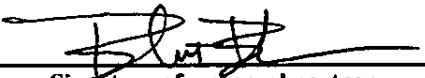
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 28th day of APRIL, 20 11.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that HAMPTON PINES ASSOCIATES II, L.P. a New York Limited Partnership, filed a Certificate of Limited Partnership pursuant to the Partnership Law, on 07/07/1992, and that the Limited Partnership is existing so far as shown by the records of the Department.

A Certificate of Amendment HAMPTON PINES ASSOCIATES II, L.P., changing its name to ATRIA RETIREMENT PROPERTIES, L.P., was filed 05/25/1994.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 28th day of April two
thousand and eleven.*

A handwritten signature in black ink, appearing to read "Neil A. ...", is written over a faint circular stamp.

First Deputy Secretary of State