APPROVED AND FILED

02 MAY 30 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000201

1. Entity Name
SUNRISE ASSISTED LIVING LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 54-1712853 ☑ 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: C T CORPORATION SYSTEM

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

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. $0.00

10. Amount of Capital Contributions in FLORIDA to date. $0.00

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	F94000002855 SUNRISE ASSISTED LIVING INVESTMENTS, INC. 7902 WESTPARK DRIVE MCLEAN, VA. 22102	STREET ADDRESS / CITY-ST-ZIP	900005725789--2 -06/07/02--01052--008 ****150.00 ****150.00
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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, Asst. Secretary 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 #