

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B94000000201

**FILED**  
**May 02, 2008**  
**Secretary of State**

**Entity Name:** SUNRISE ASSISTED LIVING LIMITED PARTNERSHIP

**Current Principal Place of Business:**

7902 WESTPARK DRIVE  
ATTN: LEGAL DEPT  
MCLEAN, VA 22102

**New Principal Place of Business:**

**Current Mailing Address:**

7902 WESTPARK DRIVE  
ATTN: LEGAL DEPT  
MCLEAN, VA 22102

**New Mailing Address:**

**FEI Number:** 54-1712853      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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:**

**ADDRESS CHANGES ONLY:**

Document #: F94000002855  
Name: SUNRISE ASSISTED LIVING INVESTMENTS, INC.  
Address: 7902 WESTPARK DRIVE  
City-St-Zip: MCLEAN, VA 22102

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: JAMES S. POPE

VP

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date