

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B94000000201

**FILED**  
**Jan 20, 2009**  
**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 ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 #: F94000002855  
Name: SUNRISE ASSISTED LIVING INVESTMENTS, INC.  
Address: 7902 WESTPARK DRIVE  
City-St-Zip: MCLEAN, VA 22102

**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: JOHN F. GAUL, VP/S OF SSLII

VP/S

01/20/2009

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

\_\_\_\_\_  
Date