

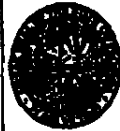
2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000425	
1. Entity Name SENIOR LIFESTYLE BALMORAL LIMITED PARTNERSHIP	



Principal Place of Business 5102 WEST LAUREL STREET SUITE 700 TAMPA, FL 33607	Mailing Address ATTN: TARA VENERACION 1050 CONNECTICUT AVENUE NW WASHINGTON, DC 20036
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082004 Chg-LP CRE003 (10/03)

4. FEI Number 75-2760671	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent Name CT Corporation System	
Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road	
City Plantation	State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **ANUSHA PUTTY, VP** **4/12/04**

9. Capital Contributions as Shown on record. \$3,220,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000671	STREET ADDRESS	
NAME	SLC BALMORAL, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	2960 TAMPA ROAD		
CITY - ST - ZIP	PALM HARBOR, FL 34684		
DOCUMENT #		STREET ADDRESS	U000000094763
NAME		CITY - ST - ZIP	83/24/04 88882 814 526-25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *[Signature]*
 SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING GENERAL PARTNER Date Day/Mo/Yr