


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -8 AM 10:29

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-2760871	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and file # applicable.</small>					
9. Capital Contributions as Shown on record.		\$3,220,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$0.00	
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	600048399286	
NAME			CITY-ST-ZIP	03/15/05--01010--013 **141.25	
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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: <u><i>Jon A. DeLuca</i></u> <u>2/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

By: Jon A. DeLuca, VP of SLC Balmoral, L.L.C.
a general partner of Senior Lifestyle Balmoral Limited Partnership