# F06000000644

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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#### **CT** CORPORATION

February 1, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301



Re: Order #: 6557955 SO

Customer Reference 1: Liberty Portfolio

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Brookdale Living Communities, Inc. (DE) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie.Bryan@wolterskluwer.com

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 Tel 850 222 1092 Fax 850 222 7515

### **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Brookdale Living Communities, Inc.	0					
	oration - must include suffix)					
Dear Sir or Madam:						
	oration - must include suffix)  I for Authorization to Transact Business in Florida,  I to register the above referenced foreign corporation to					
Please return all correspondence concerning this m	atter to the following:					
(Nan	ne of Person)					
CT Corporation						
(Firm	n/Company)					
(.	Address)					
(City/S	tate and Zip code)					
For further information concerning this matter, ple	ase call:					
at (	rea Code & Daytime Telephone Number)					
(Name of Person) (A	rea Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:						
\$70.00 Filing Fee \$\sum \text{S78.75 Filing Fee & Certificate of Status}\$	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy					

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Brookdale Livin	dale Living Communities, Inc.					
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	·		
	(If name unavaila	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busine	ss in Florida)	_	
2.	Delaware		3.	20-1348354		_	
	(State or country t	under the law of which it is incorporated)		(FEI number, if applicable)			
4.	April 19, 2004		5.	Perpetual		_	
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or	"perpetual")		
6.	upon filing				4 - A		
ν.		`		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	CALASSI		
7.	330 N. Wabash A	Avenue, Suite 1400, Chicago, IL 60611			262 262		
(Principal office address)					II '	e	
	330 N. Wabash A	venue, Suite 1400, Chicago, IL 60611			Ö.	ب _	
		(Current mailing	ado	lress)	及三	_ 	
8.		nage senior living facility				_	
	(Purpose(s	) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)			
9.	Name and stree	t address of Florida registered agent:	(P.¢	D. Box NOT acceptable)			
	Name:	C T Corporation System	_	<del></del>			
0	ffice Address:	1200 South Pine Island Road					
		Plantation		, Florida 33324			
		(City)		(Zip code)			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Sarah B. Ayala

Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FL019 - 9/08/05 C T System Online

2. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
	75 65 7
Director: Mark J. Schulte	
Address: 330 N. Wabash, Ste. 1400, Chicago, IL 60611	
	<u> </u>
Director: John P. Rijos	<u> </u>
Addreson 330 N. Wahash Ste. 1400 Chicago H. 60611	<del></del>
B. OFFICERS	
President: Mark J. Schulte	
Address: 330 N. Wabash, Ste. 1400, Chicago, IL 60611	
Vice President: John P. Rijos	
Address: 330 N. Wabash, Ste. 1400, Chicago, IL 60611	
Secretary: Deborah C. Paskin	
Address: 330 N. Wabash, Ste. 1400, Chicago, IL 60611	
Freasurer:	
Address:	
1444 0000	
NOTE: If necessary, you may attach an addendum to the application listing add	tional officers and/or directors.
13	
(Signature of Director or Officer listed in number 12 of the	application)

(Typed or printed name and capacity of person signing application)

14. Mark J. Schulte, President

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY \*BROOKDALE LIVING COMMUNITIES, INC. \*
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2006.

AND I DO MEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO REREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BREN PAID TO DATE.

VALLAHASSEE PLORIDA



Warriet Smith Windows
Harrier Smith Windows, Secretary of State

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AUTHENTICATION: 4485447

DATE: 01-30-06