FILED Apr 23, 2007 8:00 am

ANNUAL REPORT	•
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ANNOAL KLI OK I							Secretary of State						
DOCUMENT # F0600001780 1. Entity Name BROOKDALE WELLINGTON LESSEE, INC.								04-23-2007 90074 022 ***150.00					
Principal Place of Business Mailing Address					L	L							
330 N. WALBASH AVE., SUITE 1400 CHICAGO, IL 60611			330 N.	330 N. WALBASH AVE., SUITE 1400 CHICAGO, IL 60611				40075405					
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01102007	Chg-P	CR2E0	34 (12/06)	· · · · · · · · · · · · · · · · · · ·	
City & State			City & S	City & State				4. FEI Numbe	20-452	3611	 	plied For t Applicable	
Zip	Sp Country			Zip Count			5. Certificate of Status Desired S8.75 Addition Fee Required						
	6. Name	and Address of Current	Registered /	Agent		7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					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_	Signature, typed	d or printed name of registered agent	t and title if applica	oble (NOTE.	Registered	d Agent signati	Danupan en	when reinstating)	9	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.													
10		OFFICERS AND	DIRECTORS	,	11.			ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE	PD			☐ Delete	TITLE		Co-	-CEO/D	-		X Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	S 330 N. WALBASH AVE., SUITE 1400					E EET ADDRESS - ST- ZIP	_						
TITLE	VD Delete TITL				TITLE	=	Co-	D-President/D Change Addition					
NAME STREET ADDRESS CITY-ST-ZIP	6737 W. WASHINGTON, SUITE 2300					E Et address -st-zip							
TITLE	1.5				TITLE		Co-	Preside	nt/D		X Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1	OHN P ALBASH AVE., SUITE D, IL 60611	1400			E ET ADORESS -ST-ZIP			·····]	
TITLE	V			Delete	TITLE	:	EVP/	'S		******	X Change	Addition	
NAME STREET ADDRESS	1	R. STANLEY ALBASH AVE., SUITE	1400		NAME	E Et address		Andrew Smith 1 Westwood Drive, #200					
CITY-ST-ZIP	1	D, IL 60611				-ST-ZIP			d Drive, # T <u>N 37027</u>	200			
TITLE	VT CERCE K	COLOTINI A		☐ Delete	TITLE		EVP/				■ Change	☐ Addition	
NAME STREET ADDRESS	1	KRISTIN A WASHINGTON, SUITE	2300		NAME STREE	E Et address							
CITY-ST-ZIP	1	KEE, WI 53214				-ST-ZIP							
TITLE NAME	VS	DEBORAH C		☐ Delete	TITLE	•	Co-CE	EO/D Sherif	<u> </u>		X Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	330 N. WA	ALBASH AVE., SUITE D, IL 60611	1400		STREE	ET ADDRESS - ST-ZIP	111	Westwoo	r d Drive, # TN 37027	200			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental coop t is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like ampowered.													
SIGNATURE: By: John P. Rijos, Co-President 07/10/07 SIGNATURE AND TYPE A PREVIEW NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #													
		יועם אווי מוגר	CARCELANAMES	JI SIGNING OFFICER OF	K DIRECT	, OK			Date	U	ayume mone #		