

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F07000000392

FILED
Jun 03, 2009
Secretary of State**Entity Name:** BROOKDALE SENIOR LIVING INC.**Current Principal Place of Business:**330 NORTH WABASH AVENUE
SUITE 1400
CHICAGO, IL 60611**New Principal Place of Business:**111 WESTWOOD PLACE
SUITE 200
BRENTWOOD, TN 37027**Current Mailing Address:**330 NORTH WABASH AVENUE
SUITE 1400
CHICAGO, IL 60611**New Mailing Address:****FEI Number:** 20-3068069**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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDENS, WESLEY R
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: D () Delete
Name: IPPOLITO, TOBIA
Address: 1345 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10105

Title: COPD () Delete
Name: RIJOS, JOHN P
Address: 330 NORTH WABASH, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: D () Delete
Name: BURNSTEAD, FRANK M
Address: POST OFFICE BOX 331549
City-St-Zip: NASHVILLE, TN 37203

Title: CEO () Delete
Name: SHERIFF, W. E
Address: 111 WESTWOOD PLACE #200
City-St-Zip: BRENTWOOD, TN 37207

Title: COPD () Delete
Name: OHLENDORF, MARK W
Address: 330 NORTH WABASH AVENUE #1400
City-St-Zip: CHICAGO, IL 60611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. RIJOS

COPD

06/03/2009

Electronic Signature of Signing Officer or Director

Date