

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053384

FILED
May 01, 2007
Secretary of State

Entity Name: SUNKAP CORAL GABLES SERVICES, LLC

Current Principal Place of Business:

7902 WESTPARK DRIVE
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
7902 WESTPARK DRIVE
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 20-4856586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUNRISE SENIOR LIVIN, G INVESTMENTS, INC.
Address: 7902 WESTPARK DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: MGR () Delete
Name: KAPITAL CORAL GABLES, , LLC
Address: 2 SOUTH BISCAYNE BOULEVARD, SUITE 2475
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES S. POPE

VP

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date