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RICHARD M. COLOMBIK & ASSOCIATES, P.C.
ATTORNEYS AT LAW

2800 RIVER ROAD, SUITE 380
DES PLAINES, ILLINOIS 60018
TELEPHONE 708-803-1290
FAX 708-803-1318

August 11, 1995

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

95 NOV 14 PM 9:14
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: River Oaks Assisted Living Facility, L.C.

Dear Sirs:

W 95-17499

Enclosed herein, in duplicate, is the Articles of Organization for Florida Limited Liability Company for the abovenamed client, along with our check in the amount of \$285.00, to cover the cost of this service.

Should you have any questions, please contact us.

Yours very truly,

600001572726
-08/29/95--01090--012
****285.00 ****285.00

Richard M. Colombik
JD, CPA

RMC:ml
Encl.
h:\lrs\perg8115.doc

AL NOV 14 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 30, 1995

RICHARD M. COLOMBIK, ESQ.
2800 RIVER ROAD, SUITE 380
DES PLAINES, IL 60018

SUBJECT: RIVER OAKS ASSISTED LIVING FACILITY, L.C.
Ref. Number: W95000017499

We have received your document for RIVER OAKS ASSISTED LIVING FACILITY, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the affidavit be executed by as least one member or the authorized representative of a member.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 895A00040413

RMC

RICHARD M. COLOMBIK & ASSOCIATES, P.C.
ATTORNEYS AT LAW

2800 RIVER ROAD, SUITE 380
DES PLAINES, ILLINOIS 60018
TELEPHONE 708-803-1290
FAX 708-803-1318

September 13, 1995

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attn: Agnes Lunt, Corporate Specialist

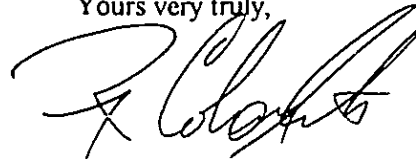
Re: River Oaks Assisted Living Facility, L.C.
Ref. No.: W95000017499
Letter No.: 895A00040413

Dear Ms. Lunt:

Enclosed herein are the resubmitted request for recognition of a Limited Liability Company for the abovenamed entity. Pursuant to our telephone conversation, I have included a signature designation by the registered agent accepting such office.

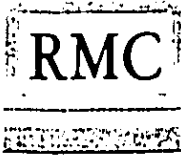
Should you require additional information, please contact the undersigned directly.

Yours very truly,



Richard M. Colombik
JD, CPA

RMC:ml
Encl.
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RICHARD M. COLOMBIK & ASSOCIATES, P.C.
ATTORNEYS AT LAW

2800 RIVER ROAD, SUITE 380
DES PLAINES, ILLINOIS 60018
TELEPHONE 708-803-1290
FAX 708-803-1318

October 26, 1995

Ms. Agnes Lunt
Corporate Specialist
Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: River Oaks Assisted Living Facility, L.C.

Dear Ms. Lunt:

Confirming our phone conversation of this afternoon we are enclosing the Articles of Organization as requested.

Should you have any questions, please contact us.

Yours very truly,

A handwritten signature in dark ink, appearing to read "Mary Ann Levand", written in a cursive style.

Mary Ann Levand
Secy. to
Richard M. Colombik
JD, CPA
RMC:ml
Encl.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

River Oaks Assisted Living Facility, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

10845 W. Gem Street
Crystal River, Florida 32629

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years from its inception

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Daniel J. Ward
354 NW 14th Place
Crystal River, FL 34428

Richard R. Pergler
6917 Foxfire Drive
Crystal Lake, IL 60012

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

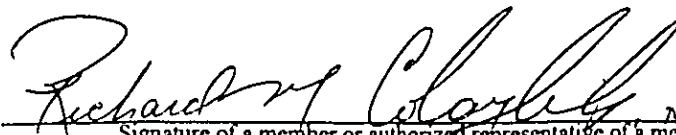
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SECRET
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

River Oaks Assisted Living Facility, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 203,000 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____ .
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ _____ .
- 5) the total amount of 2, 3, and 4 is \$ 203,000 .



Authorized Representative

Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

STATEMENT OF REGISTERED AGENT AND OFFICE

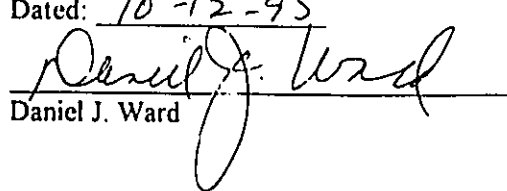
STATE
REGISTRATIONS

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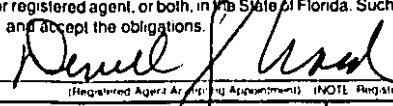
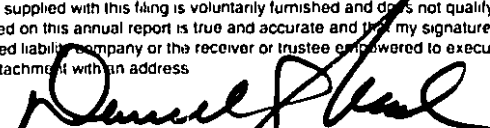
1. The registered agent of River Oaks Assisted Living Facility, L.C. is Daniel J. Ward.
2. The registered agent and the registered office of the abovenamed entity is 10845 West Gem St., Crystal River, Florida, 32629.

I, Daniel J. Ward, Registered Agent for River Oaks Assisted Living Facility, L.C., hereby accepts the appointment as Registered Agent. I am familiar with, and accept, the duties and responsibilities as Registered Agent for said Corporation.

Dated: 10-12-95


Daniel J. Ward

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Kandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L95000000874			
RIVER OAKS ASSISTED LIVING FACILITY, L.C. 10845 W. GEM STREET CRYSTAL RIVER FL 32629		1a. Principal Place of Business Address 10845 W. GEM STREET CRYSTAL RIVER FL 32629			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
SAME AS ABOVE		SAME AS ABOVE		11/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
Country		Country		59-3379850	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				SA \$ Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
WARD, DANIEL J 10845 W. GEM STREET CRYSTAL RIVER FL 32629			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 100001877411 -06/27/96--01003--010 City FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE 			DATE 4-26-96		
(Registered Agent Accepting Appointment) (NOTE: Registered agent's signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WARD, DANIEL J	354 NW 14TH PLACE		CRYSTAL RIVER FL	
MGR	PERGLER, RICHARD R	6917 FOXFIRE DRIVE		CRYSTAL LAKE FL	
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		4-26-96		352-795-8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					