M00000001210

APPROVED AND FILED
03 OCT 23 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

DOCUMENT # M00000001210

1. Limited Liability Company's Name
Sunrise Continuing Care, LLC

2. Principal Office Address		3. Mailing Office Address	
7902 Westpark Drive		7902 Westpark Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: McLean, VA		City & State: McLean, VA	
Zip: 22102	Country: USA	Zip: 22102	Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/20/00

6. FEI Number: 52-2069459 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation — State: FL — Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: ANUSHA PUTTY, VP-Asst Sec — Date 10/23/03
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sunrise Senior Living Services, Inc.	7902 Westpark Drive	McLean, VA 22102

DB 10-24-03

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager ______ Date 10/23/03 Daytime Phone # ______

Typed or printed name of signing Managing Member/Manager: Julian Myers Benton, MGRM

FL110 - 11/13/02 CT System Online

2003

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000302959 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

RECEIVED
03 OCT 24 AM 11:05
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10-24-03

To: Trevor Brumbley

From: Melanie ICT

Please back-date to 10-23-03 Thank you.

Re: Attached - Rjation sheet

LIMITED LIABILITY REINSTATEMENT

SUNRISE CONTINUING CARE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02 05
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Public Access Help

383

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 23, 2003

SUNRISE CONTINUING CARE, LLC
DEPT. 924.13
10400 FERNWOOD RD.
BETHESDA, MD 20817

SUBJECT: SUNRISE CONTINUING CARE, LLC
REF: M00000001210

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

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 (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H03000302959
Letter Number: 803A00057953