

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90052 044 ****50.00

DOCUMENT # M01000001701

1. Entity Name
BROOKDALE LIVING COMMUNITIES - GC, LLC



Principal Place of Business
**C/O BROOKDALE LIVING COMMUNITIES, INC.
300 WABASH AVE., STE. 1400
CHICAGO, IL 60611**

Mailing Address
**C/O BROOKDALE LIVING COMMUNITIES, INC.
300 WABASH AVE., STE. 1400
CHICAGO, IL 60611**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
36-4416548

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **SCHULTE, MARK J**
STREET ADDRESS **330 NORTH WABASH AVE SUITE 1400**
CITY-ST-ZIP **CHICAGO, IL 60611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGMR** ☒ Change ☐ Addition
NAME **Brookdale Living Communities, Inc.**
STREET ADDRESS **330 North Wabash, Suite 1400**
CITY-ST-ZIP **Chicago, Illinois 60611**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. 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 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.

Brookdale Living Communities-GC, LLC

SIGNATURE: By: *Mark J. Schulte* **Mark J. Schulte** **01/16/06 312/977-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #