

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000003016

FILED
Dec 14, 2009
Secretary of State

Entity Name: FL PROPERTY HOLDINGS LLC

Current Principal Place of Business:

44 OLD RIDGEBURY RD
ATTN: GE HEALTHCARE FINANCIAL SERVICES
DANBURY, CT 06810

New Principal Place of Business:

10800 BISCAYNE BLVD
SUITE 600
MIAMI, FL 33161

Current Mailing Address:

C/O GE HEALTHCARE FIN. SVCS - C.KALLIOMAA
2325 LAKEVIEW PKWY, SUITE 700
ALPHARETTA, GA 30004

New Mailing Address:

10800 BISCAYNE BLVD
SUITE 600
MIAMI, FL 33161

FEI Number: 20-0206294 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

CT 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: TIM SYLVESTER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DIAMOND SENIOR LIVING, LLC
Address: 44 OLD RIDGEBURY RD
City-St-Zip: DANBURY, CT 06810

Title: MGRM (X) Change () Addition
Name: ABRAHAM, SHAULSON
Address: 10800 BISCAYNE BLVD SUITE 600
City-St-Zip: MIAMI, FL 33161

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: ABRAHAM SHAULSON

MGRM

12/14/2009

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