

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:

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

Name and Address of New Registered Agent:

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:

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

ADDITIONS/CHANGES:

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