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Florida Department of State

Division of Corporations Public Access System

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Saraaota Retirement Residence LLC | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of | foreign limited liability company) | |
| Oregon | 3. 20-0\$\$2\$31 | |
| (Jurisdiction under the law of which foreign limited I company is organized) | iability (FEI number, i | f applicable) |
| 3/19/2004 | 5. 12/31/2029 | |
| (Date of Organization) | (Duration: Year limited lial oxist or "per | polity company will cease to penual") |
| Upon filing | rida. (See sections 608.501, 608.502, and | 817 148.E 6 1 |
| | | مع و فيد |
| 2250 McGilchrist Street SE | | |
| Salem. OR 97302 | | NA WILL AND THE STATE OF THE ST |
| | et address of principal office) | |
| If limited liability company is a manager-m | nangoed company sheat base [45] | 39 D III |
| to manage decision company is a manager-in | ianaged company, check nere [X] | 54 6 3 |
| The name and usual business addresses of t | the managing members or manager | s are as follows: |
| Walter Date 2121 William Assessed Date 200 C. | TIA ADIDI | OI OI |
| Daniel R. Baty, 3131 Ellion Avenue, Suite 500. Se | entue. WA 98121 | |
| Norman L. Brenden, PO Box 14111, Salem, OR 9 | 7309 | |
| William E. Colson, PO Box 14111, Salem, OR 973 | 309 | |
| Bruce D. Thoro, PO Box 14111, Salem, OR 97309 |) | ~ |
| Attached is an original certificate of existence, no mother jurisdiction under the law of which it is organize translation of the certificate under oath of the | ed. (A photocopy is not acceptable. If the | the official having custody of record e certificate is in a foreign language |
| . Nature of business or purposes to be condi | ucted or promoted in Florida: retir | ement residence |
| ſ, | ~) | • |
| Milh | 8.00 | · · · · · · · · · · · · · · · · · · · |
| Signature of a member of | or an authorized representative of a | member. |
| (In accordance with section 608, | .408(3), F.S., the execution of this document to its of perjury that the facts stated herein are true | onstitutes |
| William E. Colson | | |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

| Sa | resota Retirement Residence LLC | | | | | | |
|----|------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------|--|--|------|--|
| 2. | The name and the Florida street address of the | nd the Florida street address of the registered agent and office are: C T Corporation System | | | | | |
| | СТСогро | C T Corporation System | | | | | |
| | (1) | (Name) | | | | | |
| | | | | | | i di | |
| | c/o C T Corporation System | C/o CT Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) | | | | | |
| | Florida street address | | | | | | |
| | Plantation, | FL | 33324 | | | | |
| | (City/S | State/Zip) | | | | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

By:

(Signature)

Jack (C Caskey, Asst. VP

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

SARASOTA RETIREMENT RESIDENCE LLC

was

organized under the Oregon

Limited Liebility Company Act

March 19, 2004

and is active on the records of the Corporation Division as of the date of this certificate.





In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

May 6, 2004

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