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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FOREIGN LIMITED LIABILITY COMPANY

Sunrise IV Lake Pointe Woods SL, LLC

Certificate of Status	1
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

IMITED LIABILITY COMPANY TO TRANSACT BUSII	
SUNRISE IV LAKE POINTE WOODS SL, LL	.c
,	go Limited Liability Company)
Delaware	3. N/A
(Jurisdiction under the law of which foreign limit company is organized)	ed liability (FEI number, if applicable)
03/23/2005	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
i	
(Date first transacted by (See sections 608.501 &	isiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)
7902 Westpark Drive, McLean, Virginia 221	92
·	
(Str	est Address of Frincipal Office)
The 1 2 2 2 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5	, , , , , , , , , , , , , , , , , , ,
. If limited liability company is a manager	-managed company, check here [i
The name and name business addresses	of the managing members or managers are as follows:
	At the titure Build incritives of titures cas are as tonows:
Sunrise IV (Pool II), LLC	
7902 Westpark Drive	
McLean, Virginia 22102	
Wichell, Alignia 75 (05	
O Attached is an existent cartificate of existence were	correthen 90 days old, duly authenticated by the official having custody of recor
na haire lintivan naviar fine isasz editalisteln it is egyszástod	(A Markovantzional normalable (filterastification) in a dissipat become a
	(A photocopy is not acceptable. If the certificate is in a foreign language, a
anslation of the certificate under oath of the translator	must be submitted.)
ranslation of the certificate under oath of the translator 1. Nature of business or purposes to be co	enducted or promoted in Florida: Development, ownership,
anslation of the certificate under onth of the translator	enducted or promoted in Florida: Development, ownership,
ranslation of the certificate under oath of the translator 1. Nature of business or purposes to be co	enducted or promoted in Florida: Development, ownership,
ranslation of the certificate under cath of the translator 1. Nature of business or purposes to be co operation and/or management of assisted five	nast be submitted.) Inducted or promoted in Florida: Development, ownership, ving facilities.
anslation of the certificate under cath of the translator 1. Nature of business or purposes to be co operation and/or management of assisted in Signature of a memb	en or an authorized representative of a member.
nanciation of the certificate under cath of the translator 1. Nature of business or purposes to be co- operation and/or management of assisted liv Signature of a memb- (in accordance with section	nast be submitted.) Inducted or promoted in Florida: Development, ownership, ving facilities.

Typed or printed name of signee

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BUNRISE IV LAKE POINTE WOODS SL, LLGEÜRETARY OF STATE POPULAHASSEE, FLORIDA

By: Sunrise IV (Pool II), LLC, a Delaware limited ilability company, sole Member

By: Sunrise IV Senior Living Holdings, LLC, a Delaware limited liability company, sole Member

By: Sunrise Senior Living Investments, Inc., a Virginia corporation, Member

By: Widley B. Rush
Name: Bradley B. Rush
Title: Vice President

Address:

7902 Westpark Drive McLean, Virginia 22102

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SECRETARY OF STATE TALLAHASSEE, FLORIDA 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.

cess of the registered agent and office are: (Name) em, 1200 South Pine Island Road
(Name)
(Name)
, , , ,
em, 1200 South Pine Island Road
Address (P.O. Box NOT ACCEPTABLE)
PL 93324
City/State/Zip
and to accept service of process for the above stated limited In this certificate, I hereby accept the appointment as registered further agree to comply with the provisions of all statutes primance of my duties, and I am familiar with and accept the
ļ

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

Delaware

DAGE T

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRISE IV LAKE POINTE WOODS SL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 2005.

3944550 8300 0**502409**00



Variet Smite Hinden
Harrier Smith Windson, Secretary of Spin 5987
AUTHENTICATION: 3765987

DATE: 03-24-05