2005 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Jun 15, 2005 8:00 am Secretary of State	
DOCUMENT # M9600000438 1. Entity Name ENCORE SENIOR LIVING, LLC					y 01 State)38 022 ****50.00
Principal Place of BusinessMailing Address305 N.E. 102ND AVENUE, SUITE 300305 N.E. 102ND AVENUE, SUITPORTLAND, OR 97220PORTLAND, OR 97220			, suite 300		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04202005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 93-1226943 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required	
			منه در منه موالا م		م میں بھر اور اور اور اور اور اور اور اور اور او
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				DO NOT WRITE	
				IN THIS SPACE	
8. The above	named entity submits this statemen	for the purpose of changing its rec	sistered office or register	red agent, or both, in the State of Florid	da. Lam familiar with, and accept
the obligations of registered agent.					
SIGNATURE					
Filing Fee is \$50.00 Due by May 1, 2005					
9. Title		BERS/MANAGERS			
NAME	ROCKWOOD LIVING, INC.				
STREET ADDRESS City-st-zip	200 W. MADISON STREET, S CHICAGO, IL 606063416	UITE 3800			
TITLE	MGRM				
NAME STREET ADDRESS	SCHOEN, BRUCE A 305 N.E. 102ND AVENUE, SU	ITE 300			
CITY-ST-ZIP	PORTLAND, OR 97220				
title Name					
STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE	· · · · ·			IN THIS SP	ACE
NAME STREET ADDRESS					
CITY-ST-ZIP				,	
TITLE NAME			1		
STREET ADDRESS C(TY-ST-ZIP					
TITLE					
NAME Street Address					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: But A Sala Bruce A Schoen 4/20/05 503-261-6100					
		E OF SIGNING MANAGING MEMBER, OR AUT		Date	Daytime Phone #

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