

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000493

FILED
Apr 12, 2012
Secretary of State

Entity Name: ELDER HEALTHCARE DEVELOPERS, L.L.C.

Current Principal Place of Business:

401 S. FOURTH STREET
SUITE 1900
LOUISVILLE, KY 40202

New Principal Place of Business:

10350 ORMSBY PARK PLACE
SUITE 300
LOUISVILLE, KY 40223

Current Mailing Address:

401 S. FOURTH STREET
SUITE 1900
LOUISVILLE, KY 40202

New Mailing Address:

10350 ORMSBY PARK PLACE
SUITE 300
LOUISVILLE, KY 40223

FEI Number: 58-2298192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: VENTAS SL I, LLC
Address: 10350 ORMSBY PARK PLACE, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

I hereby 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: BRIAN K. WOOD

VP

04/12/2012

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