

2015 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B05000000374

Entity Name: LAKELAND RETIREMENT RESIDENCE LIMITED PARTNERSHIP

Current Principal Place of Business:

5885 MEADOWS RD
SUITE 500
LAKE OSWEGO , OR 97035

Current Mailing Address:

5885 MEADOWS RD
SUITE 500
LAKE OSWEGO , OR 97035 US

FEI Number: 93-1236869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

General Partner Detail :

Document # M07000001202
Name HARVEST GENERAL PARTNER LLC
Address 5885 MEADOWS RD
SUITE 500
City-State-Zip: LAKE OSWEGO OR 97035

I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HARVEST GENERAL PARTNER LLC

GENERAL PARTNER

04/16/2015

Electronic Signature of Signing General Partner Detail

Date