

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Oct 14, 2005
Secretary of State**

DOCUMENT# L02000011126

Entity Name: INDEPENDENT LIVING SYSTEMS, LLC.

Current Principal Place of Business:

701 WATERFORD WAY
SUITE 780
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

701 WATERFORD WAY
SUITE 780
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 45-0481642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLANA, NESTOR J
701 WATERFORD WAY
SUITE 780
MIAMI, FL 33126 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 () Delete
Name: NESTOR, PLANA
Address: 1110 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: NOONAN, RAYMOND
Address: 2503 SEA ISLAND DR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: CHUNN, PATRICK
Address: 17063 NW 15TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: HARPER, FLOYD
Address: 19874 HIBISCUS
City-St-Zip: TEQUESTA, FL 33469

Title: MGR () Delete
Name: ROTHMAN, PAUL
Address: 13234 SW 104TH TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK CHUNN

MGR

10/14/2005

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