

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Dec 04, 2006  
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: 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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PLANA, NESTOR  
Address: 1110 COUNTRY CLUB PRADO  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: MGRM (X) Change ( ) Addition  
Name: HARPER, FLOYD  
Address: 19874 HIBISCUS  
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NESTOR PLANA

MGRM

12/04/2006

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