

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011126

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: INDEPENDENT LIVING SYSTEMS, LLC.

**Current Principal Place of Business:**

5201 BLUE LAGOON DR.  
SUITE 270  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

5201 BLUE LAGOON DR.  
SUITE 270  
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:**

PLANA, NESTOR J  
5201 BLUE LAGOON DRIVE  
SUITE 270  
MIAMI, FL 33126 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: \_\_\_\_\_ 02/01/2008  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 J. PLANA      MGRM      02/01/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date