2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 25, 2012
Secretary of State

DOCUMENT# L03000002080

Entity Name: EXCELLENCE ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

New Principal Place of Business:

5950 LAKEHURST DRIVE
SUITE 182
ORLANDO, FL 32819 US

Current Mailing Address:

5950 LAKEHURST DRIVE
SUITE 169
ORLANDO, FL 32819 US

New Mailing Address:

5950 LAKEHURST DRIVE
SUITE 182
ORLANDO, FL 32819 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTIGLIATTI, FERNANDA
8812 ELLIOTTS COURT
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

SHINDOLL, FLORALEE
4601 JUDY COURT
ORLANDO, FL 32839 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: FLORALEE SHINDOLL 07/25/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PORTIGLIATTI, ANTHONY B
Address: 8812 ELLIOTTS COURT
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM
Name: HAPPEL, SAMOEL
Address: 5950 LAKEHURST DRIVE SUITE 182
City-St-Zip: ORLANDO, FL 32819 US

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 Statues.

SIGNATURE: ANTHONY B. PORTIGLIATTI MGRM 07/25/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date