

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L38088**

1. Entity Name  
**SENIOR LIVING RESIDENCES, INC.**



Principal Place of Business

**108 WAGNER ROAD  
BONIFAY, FL 32425**

Mailing Address

**1380 COLUMBIA RD  
BOSTON, MA 02127**



07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2980974**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LARKIN, ROBERT  
108 WAGNER ROAD  
BONIFAY, FL 32425**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **LARKIN, ROBERT F JR**  
STREET ADDRESS **1380 COLUMBIA ROAD**  
CITY- ST- ZIP **BOSTON, MA 02127**

TITLE **E.D.**  
NAME **SIMS, AUDERY**  
STREET ADDRESS **108 WAGNER RD**  
CITY- ST- ZIP **BONIFAY, FL 32425**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7.5.07 617.269.3485**

Date

Daytime Phone #