2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90362 004 ****50.00

DOCUMENT # M00000001371

1. Entity Name
ARC MANAGEMENT, LLC.

Principal Place of Business	Mailing Address
111 WESTWOOD PLACE - SUITE 200 BRENTWOOD, TN 37027	~~111 WESTWOOD PLACE - SUITE 200~~ ~~BRENTWOOD, TN 37027~~

01102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	330 North Wabash Suite, Apt. #, etc. Suite 1400
City & State	Chicago, IL
Zip / Country	60611 / USA

4. FEI Number 62-1812621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AMERICAN RETIREMENT CORPORATION 111 WESTWOOD PLACE - SUITE 200 BRENTWOOD, TN 37027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM	☒ Change ☐ Addition
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11. 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 is true and accurate and that my 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: By: _____ John P. Rijos, Co-President 04/10/07 312/977-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #