## 2007 LIMITED LIABILITY COMPANY

## Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M01000002806** 04-23-2007 90362 008 \*\*\*\*50 00 ARC DELRAY BEACH, LLC Principal Place of Business Mailing Address 411012140 111 WESTWOOD PLACE, STE. 200 111 WESTWOOD PLACE, STE. 200 BRENTWOOD, TN 37027 BRENTWOOD, TN -37027---2. Principal Place of Business - No P.O. Box # 3. Mailing Address 330 North Wabash Suite, Apt. #, etc. Suite 1400 Suite, Apt. #, etc. 01102007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 80-0004855 Chicago, IL Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 60611 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORAITON SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **M**GRM Change TITLE ☐ Addition Delete MGRM SHERIFF, W.E. NAME NAME American Retirment Corp. 111 WESTWOOD PLACE, STE. 200 STREET ADDRESS STREET ADDRESS 111 WEstwood Drive, #200 CITY-ST-ZIP BRENTWOOD, TN 37027 CITY-ST-ZIP Brentwood, TN 37027 MGRM TITLE TITLE Change ☐ Addition Delete HICKS, GEORGE T NAME NAME 111 WESTWOOD PLACE, STE 200 STREET ADDRESS STREET ADDRESS BRENTWOOD, TN 37027 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 affered 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 affered 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 affered 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 affered 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 affered 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 affered 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 affered accurate and the limited liability company or affered accurate accurate and the limited liability company or affered accurate accurate and the limited liability company or affered accurate ac

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE: By: SIGNATURE AND TYPED OR

TITLE

NAME

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CITY-ST-ZIP

John P. Rijos, Co-President 312/977-3700 04/10/07

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

☐ Change

☐ Addition

**FILED**