2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007473

1. Entity Name

2626 GOODLETTE ROAD ASSOCIATES, LLC



Principal Place of Business

3073 HORSESHOE DR. SOUTH

SUITE 100 NAPLES, FL 34104

SIGNATURE:

Mailing Address

3073 HORSESHOE DR. SOUTH SUITE 100

NAPLES, FL 34104

4. FEI Number 52-2207709

CR2E083 (10/03)

FILED

Apr 16, 2004 08:00 AM Secretary of State

01262004 No Chg-LLC

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO	TON	WRITE
IN	THIS	SPACE

				IIV I	UI2 2	PACE	
	named entity submits this statement for the purpose of char ions of registered agent.	ging its registere	d office or registered	agent, or both,	in the State of I	lorida. I am tamil	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered	Agent signature required whe	n reinstating)		DATE	
F	iling Fee is \$50.00 ue by May 1, 2004		*	,	04/16/0	1901 16624 14-800 (2-1	016 55.00
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIBERTY SENIOR LIVING, INC. 3073 HORSESHOE DR., SO., SUITE 100 NAPLES, FL 34104		- · · ·			,	–
TITLE NAME STREET ADDRESS CITY-ST-ZIP		≠, <u>Б</u> .⊊∸-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT V	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		مد د د د د د د د د د د د د د د د د د د		IN T	HIS S	PACE	
TITLE NAME STREET ADDRESS CITY-S1-2IP			·-	. .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and Wilder on a second of the				n nord a second of the second	
11. I hereby	I certify that the information supplied with this filling does not of the country of the information supplied with this filling does not of the country of the receiver or trustee empowered to execute the country of the receiver or trustee empowered to execute the country of the receiver or trustee empowered to execute the country of the receiver or trustee empowered to execute the country of	ualify for the exer all have the same oute this report as	nption stated in Section legal effect as if mad required by Chapter	on 119.07(3)(i), e under oath; 608, Florida St	Florida Statute	a I further certify t aging member or	hat the information