

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001115

FILED
Apr 09, 2007
Secretary of State

Entity Name: TUSKAWILLA RETIREMENT RESIDENCE LLC

Current Principal Place of Business:

2250 MCGILCHRIST ST. SE
SALEM, OR 97302

New Principal Place of Business:

Current Mailing Address:

PO BOX 14111
ATTN: DEBBIE PARSONS
SALEM, OR 97309

New Mailing Address:

FEI Number: 93-1318776 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLSON, WILLIAM E
Address: 2250 MCGILCHRIST ST. SE
City-St-Zip: SALEM, OR 97302

Title: MGR (X) Delete
Name: BRENDEN, NORMAN L
Address: 22500 MCGILCHRIST ST. SE
City-St-Zip: SALEM, OR 97302

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARVEST MANAGING MEM, BER I LLC
Address: 2250 MCGILCHRIST ST. SE
City-St-Zip: SALEM, OR 97302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: DONALD K. HARRIS

MGR

04/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date