

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000816

Entity Name: SENIOR LIVING MEZZ C, LLC**Current Principal Place of Business:**450 S. ORANGE AVENUE
ORLANDO, FL 32801**Current Mailing Address:**450 S. ORANGE AVENUE
ORLANDO, FL 32801**FEI Number:** 27-4433123**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 32801 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	MAULDIN, STEPHEN H.
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	MGR
Name	GREER, HOLLY
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	MGR
Name	JOHNSON, JOSEPH T
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	MGR
Name	MANCUSI, CATHERINE G
Address	68 SO. SERVICE RD., STE. 120
City-State-Zip:	MELVILLE NY 11747

Title	MGR
Name	RYAN, KENNETH J
Address	68 SO. SERVICE RD., STE. 120
City-State-Zip:	MELVILLE NY 11747

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH T. JOHNSON**MANAGER****04/08/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date