

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001159

FILED
Apr 23, 2009
Secretary of State

Entity Name: CARROLLWOOD ASSISTED LIVING G.P., INC.

Current Principal Place of Business:

9595 SIX PINES DRIVE
SUITE 6300
THE WOODLANDS, TX 77380

New Principal Place of Business:

Current Mailing Address:

9595 SIX PINES DRIVE
SUITE 6300
THE WOODLANDS, TX 77380

New Mailing Address:

FEI Number: 82-0584830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEKKER, TIMOTHY P
Address: 9595 SIX PINES DRIVE, SUITE 6300
City-St-Zip: THE WOODLANDS, TX 77380

Title: VAS () Delete
Name: WANG, JAMES
Address: 9595 SIX PINES DRIVE, SUITE 6300
City-St-Zip: THE WOODLANDS, TX 77380

Title: VS () Delete
Name: ROSENBERG, RICHARD
Address: 9595 SIX PINES DRIVE, SUITE 6300
City-St-Zip: THE WOODLANDS, TX 77380

Title: VD (X) Delete
Name: DASPIT, LAURENCE
Address: 9595 SIX PINES DRIVE, SUITE 6300
City-St-Zip: THE WOODLANDS, TX 77380

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: VARGAS, MARIE E
Address: 9595 SIX PINES DRIVE, SUITE 6300
City-St-Zip: THE WOODLANDS, TX 77380

Title: VP (X) Change () Addition
Name: ALFORD, LORI
Address: 9595 SIX PINES DRIVE, SUITE 6300
City-St-Zip: THE WOODLANDS, TX 77380

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE E VARGAS

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date