2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000003415

1. Entity Name AMERICAN SENIOR LIVING OF SEBRING, FL, LLC



FILED
Apr 14, 2006 08:00 AN
Secretary of State

Principal Place of Business

3073 HORSESHOE DRIVE SUITE 100 NAPLES, FL 34104 US Mailing Address

3073 HORSES HOE DRIVE SUITE 100 NAPLES, FL 34104 US



DO NOT WRITE IN THIS SPACE
4. FEI Number

01302006 No Chg-LLC CR2E083 (11/05)

Applied For Not Applicable

5. Certificate of Status Desired

52-2284226

\$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 NOT WRITE IN THIS SPACE

 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		(NOTE, Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN SENIOR LIVING, INC. 3073 HORSESHOE DRIVE, SUITE 100 NAPLES, FL 34104	U4/29/U6-8UU	21-006 55.00^M	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE