2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L0000003415

1. Entity Name

AMERICAN SENIOR LIVING OF SEBRING, FL, LLC



FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

3073 HORSESHOE DRIVE

SUITE 100 NAPLES, FL 34104 Mailing Address

3073 HORSESHOE DRIVE

SUITE 100

NAPLES, FL 34104 L



 $\Box$ 

## DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2284226

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 NOT WRITE IN THIS SPACE

8. 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.	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstating)	DAIE	
FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  U00000935921  05/23/08-80030-025-138.75				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGR  AMERICAN SENIOR LIVING, INC.  3073 HORSESHOE DRIVE, SUITE 100  NAPLES, FL 34104		3. 23. 33 3333 323 1331.10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN TI	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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:

NAME STREET ADDRESS City-ST-ZIP

George P. Wagner, III

4-29-08

239-963-3400

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

Date

Daytime Phone #