2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000003419

1. Entity Name

AMERICAN SENIOR LIVING OF DADE CITY, FL, LLC



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

Principal Place of Business

Mailing Address

3073 HORSESHOE DR STE 100 NAPLES, FL 34104 3073 HORSESHOE DR

STE 100

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

NAPLES, FL 34104



DO NOT WRITE IN THIS SPACE

01262006 No Chg-LLC

CR2E083 (11/05)

4. FE! Number 52-2284259

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

(18 Obilgatoris of registered algebra.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
F) D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN SENIOR LIVING, INC. 3073 HORSESHOE DR STE 100 NAPLES, FL 34104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000509183 04/28/06-80031-016 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			. ,
11. I hereby indicated limited lin	certily that the information supplied with this filing does not at on this report is true and accurate and that my signature stability company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatio fall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.	n e

George P. Wagner Jr.

10/06

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