

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90748 043 ****55.00

DOCUMENT # **L00000003419**

1. Entity Name
AMERICAN SENIOR LIVING OF DADE CITY, FL, LLC



Principal Place of Business Mailing Address

**2150 GOODLETTE ROAD, SUITE 600
NAPLES FL 34102** **2150 GOODLETTE ROAD, SUITE 600
NAPLES FL 34102**

2. Principal Place of Business 3. Mailing Address

3073 Horseshoe Drive **C/O Liberty Healthcare**

Suite, Apt. #, etc. Suite, Apt. #, etc.

STE. 100 **3073 Horseshoe Drive, Ste. 100**

City & State City & State

NAPLES, FL **NAPLES, FL**

Zip Country Zip Country

34104 **USA** **34104** **USA**

4. FEI Number 52-2284259 Applied For

Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN SENIOR LIVING, INC. 2150 GOODLETTE ROAD, SUITE 600 NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICAN SENIOR LIVING, INC. 3073 HORSESHOE DRIVE, STE. 100 NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Date: **4/10/03** Daytime Phone #: **239-262-8006**

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

CR2E083 (10/02)