

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

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

Mailing Address

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

2. Principal Place of Business

3073 Horseshoe Drive

Suite, Apt. #, etc.

STE. 100

City & State
NAPLES, FL

Zip Country
34104 USA

3. Mailing Address

C/O Liberty Healthcare

Suite, Apt. #, etc.

3073 Horseshoe Drive, Ste. 100

City & State
NAPLES, FL

Zip Country
34104 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI 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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **AMERICAN SENIOR LIVING, INC.**
STREET ADDRESS **2150 GOODLETTE ROAD, SUITE 600**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **AMERICAN SENIOR LIVING, INC.**
STREET ADDRESS **3073 Horseshoe Drive, Ste. 100**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

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

4/10/03

Date

239-262-8006

Daytime Phone #

CR2E083 (10/02)