2006 LIMITED LIABILITY COMPANY

FILED Apr 24, 2006 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L00000009926 1. Entity Name CLOISTERS RHF HOUSING, L.L.C. Principal Place of Business Mailing Address 526 E. PARK AVENUE 526 E. PARK AVENUE TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 04112006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 91-2081880 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. INCTE, Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MEM TITLE N00000231282 RETIREMENT HOUSING FOUNDATION 05/06/06-80049-022 50.00 NAME STREET ADDRESS 911 N STUDEBAKER ROAD CITY-ST-ZIP LONG BEACH, CA 908154900 IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 eath; 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: Sanda Anda	S _

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Linda Listoe, Secretary

April 19, 2006 562/257-5100

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

Daytime Phone #