


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

DOCUMENT # L00000009926		
1. Entity Name CLOISTERS RHF HOUSING, L.L.C.		
Principal Place of Business 526 E. PARK AVENUE TALLAHASSEE, FL 32310	Mailing Address 526 E. PARK AVENUE TALLAHASSEE, FL 32310	



03202008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2081880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM RETIREMENT HOUSING FOUNDATION 911 N STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000886786
04/18/08-80071-016 51.25

U000000886786
04/18/08-80071-016 138.75

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:  **Deborah J. Stouff, Secretary 3-24-08 562-257-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #