## **2001 UNIFORM BUSINESS REPORT (UBR)**

								4		- 1	
DOCUMENT # L0000010755  1. Entity Name					,	FILED					
LSL OF NEW PORT RICHEY, FL, LLC						01 APR 19 AM 11:55					
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2150 GOODLETTE ROAD. SUITE 600 2150 GOODLETTE ROAD. S NAPLES FL 34102 NAPLES FL 34102				600		IALLAHA:	SSEE, FL	_ORIDA			
Principal Place of Business     Mailing Address											
Cuito Ant	# ata	Cuito Ant # ata	Cuito Ant # oto			-					
Suite, Apt. #, etc. Suite, Apt. #, etc.					:	DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	lity & State			4. FEI Number Applied For S2 - 226 7390 Not Applicable					
Zip Country		Zip	itry	5 Cortificate of Status Decired \ \ \ \ \ \ \$5.00 Additional					1		
<u> </u>	6. Name and Address of Current	Registered Agent	1			and Address of New R	•	ee Required	,		
				Name .							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						1	
PLANTATION FL 33324										1	
				City			FL	Zip Code	<del>)</del>	1	
8. The above	named entity submits this statement for	r the purpose of changing it	s reaistere	d office or reais	tered agent, o	or both, in the State of Flo		<u></u>			
	•	(, , , , , , , , , , , , , , , , , , ,	J			·					
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature requi	red when reinstatir	ng)	DATE				
		FILE N	low!!!	FEE IS \$50.0	0						
		Make Check P		· ·							
9.	MANAGING MEMBE		10.		-	ADDITIONS/				<u></u>	
TITLE Name	MGR Liberty Senior Living, Inc.	☐ Delete	TITLE NAM					Change	Addition	11/0	
STREET ADDRESS CITY-ST-ZIP	2150 GOODLETTE ROAD, SUITE NAPLES FL 34102	600		ET ADDRESS - ST-ZIP				a		2E083 (11/00)	
TITLE		- Delete	TITLE	į.		1000040 -04/27/	ມຮສະ ′0101		15 Addition	S	
NAME STREET ADDRESS			NAM! STRE	ET ADDRESS		米米米米米	5.00	*****5	5.00		
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STREET ADDRESS			STRE	ET ADDRESS							
CITY-ST-ZIP		F	-	-ST-ZIP						4	
țitle Name		☐ Delete	TITLE	l l				☐ Change	☐ Addition	l	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP						]	
TITLE		☐ Delete	TITLE				_	☐ Change	☐ Addition		
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE	:			1	☐ Change	Addition	1	
NAME			NAME							}	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP							
	ertify that the information supplied with	this filing does not qualify fo			Section 119.0	7(3)(i) Florida Statutos 1	further certif	v that the in	formation	}	
indicated	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	e legal effect as it	made under	oath; that I am a managi	ng member	or manager	of the		