

2001 UNIFORM BUSINESS REPORT (UBR)

0020415 AF

DOCUMENT # L00000014097

1. Entity Name

LIBERTY ASSISTED LIVING CENTERS OF TALLAHASSEE,

FILED

01 APR 16 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2277460

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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.

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 Department of State

L000004036986-4
-04/20/01--01129--006
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

| | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LIBERTY ASSISTED LIVING CENTERS OF FLORIDA 2150 GOODLETTE ROAD, SUITE 600 NAPLES FL 34102 <input type="checkbox"/> Delete |
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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:

Thomas E. Rawles

Thomas E. Rawles

4/10/01

Date

941-262-8006

Daytime Phone #

CR2E083 (11/00)