

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90038 040 \*\*\*\*55.00

0037907

**DOCUMENT # L00000014101**

1. Entity Name

**LIBERTY ASSISTED LIVING CENTERS OF NEW PORT RICH  
EY, 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 DR.**

3. Mailing Address

**3073 HORSESHOE DR.**

Suite, Apt. #, etc.

**STE. 100**

Suite, Apt. #, etc.

**STE. 100**

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

Zip

**34104**

Country

**USA**

Zip

**34104**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2342912**

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 **MGRM** ☐ Delete  
NAME **LIBERTY ASSISTED LIVING CENTERS LIMITED PA**  
STREET ADDRESS **2150 GOODLETTE RD., #600**  
CITY-ST-ZIP **NAPLES FL 34102**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **LIBERTY ASSISTED LIVING CENTERS, LP**  
STREET ADDRESS **3073 HORSESHOE DR., STE. 100**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

Date

Daytime Phone #

**239-262-8006**

CRSE083 (10/02)