


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-09-2003 90038 041 ****55.00

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DOCUMENT # L00000014126	
1. Entity Name LIBERTY ASSISTED LIVING CENTERS OF MELBOURNE, LL C	

Principal Place of Business 2150 GOODLETTE RD. STE 600 NAPLES FL 34102	Mailing Address 2150 GOODLETTE RD. STE 600 NAPLES FL 34102
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2. Principal Place of Business 3073 HORSESHOE DR. Suite, Apt. #, etc. STE. 100 City & State NAPLES, FL Zip 34104 Country USA	3. Mailing Address 3073 HORSESHOE DR. Suite, Apt. #, etc. STE. 100 City & State NAPLES, FL Zip 34104 Country USA
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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2277131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBERTY ASSISTED LIVING CENTERS OF FLORIDA 2150 GOODLETTE RD, STE 600 NAPLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBERTY ASSISTED LIVING CENTERS OF FLORIDA 3073 HORSESHOE DR., STE. 100 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ALAN D. PARRISH	Date: 4/4/03	Daytime Phone #: 239-262-8006
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CR2E083 (10/02)