

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-09-2003 90038 039 \*\*\*\*\*55.00

0037677

**DOCUMENT # L00000014128**

1. Entity Name

**LIBERTY ASSISTED LIVING CENTERS OF WINTER HAVEN LLC**



Principal Place of Business

2150 GOODLETTE RD. STE 600  
NAPLES FL 34102

Mailing Address

2150 GOODLETTE RD. STE 600  
NAPLES FL 34102

2. Principal Place of Business

**3073 HORSESHOE DR.**  
Suite, Apt. #, etc.  
**STE. 100**

3. Mailing Address

**3073 HORSESHOE DR.**  
Suite, Apt. #, etc.  
**STE. 100**

City & State

**NAPLES FL**

City & State

**NAPLES, FL**

Zip

**34104**

Country

**USA**

Zip

**34104**

Country

**USA**

4. FEI Number

**52-2277629**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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 **MGR** ☐ Delete  
NAME **LIBERTY ASSISTED LIVING CENTERS OF FLORIDA**  
STREET ADDRESS **2150 GOODLETTE RD, STE 600**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Liberty Assisted Living Centers of Florida**  
STREET ADDRESS **3073 HORSESHOE DR, STE. 100**  
CITY-ST-ZIP **NAPLES, FL 34104**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*

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

Date

Daytime Phone #

**239-262-8006**

CR2E083 (10/02)