2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: JULIA SIGNATURE AND TYPED OR PRINTED NAME

1. Entity Nam	MENT # LOOOOO			FILED 03 MAY - 6 PM 12: 20						
Principal Place of Business 13630 LINDEN DRIVE SPRING HILLS FL 34609		Mailing Address 13630 LINDEN DRIVE SPRING HILLS FL 34609			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 31-1747551 Applied For Not Applicable					-
Zip	Country -	Zip	Cour	ntry	5. Certifica	ate of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current R	egistered Agent			7. Name a	nd Address of New F	legistered /	\gent	-]
TAY	LOR, DENNIS A			Name						
1363	30 LINDEN DRIVE ING HILLS FL 34609			Street Address (dress (P.O. Box Number is Not Acceptable)					
			•	City				7io Cad		-
=				City			FL	Zip Cod	e 	_}
SIGNATURE .	Signature, typed or printed name of registered agent and	FILE N Make Check Payab	OW!!! I	d Agent signature required FEE IS \$50.00 orida Departmer ay 1, 2003		000180 6/0301006-	290: -001	37 **433.7	5	
9.	MANAGING MEMBERS		10.			ADDITIONS	CHANGES] ू
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHICKEDANZ CAPITAL GROUP, 4152 W. BLUE HERON BLVD., SU RIVERIA BEACH FL 33404							☐ Change	☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SENIOR HOUSING, L.L.C. 13511 EAST BOUNDARY ROAD, S MIDLOTHIAN VA 23112	□ Delete		i	***************************************			☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUPERIOR RESIDENCES INC. 13630 LINDEN DR. SPRING HILL FL 34609	☐ Delete		i i				☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WADE, ROBERT L 2121 LAKESIDE DR ORLANDO FL 32803	☐ Delete		ľ				☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K.J.T. INVESTMENTS, INC. 13630 LINDEN DR. SPRING HILL FL 34609	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	Addition	
indicated Jimited liab	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver optrustee e	nis filing does not qualify for at my signature shall have innovered to execute this	the same report as	e legal effect as if m required by Chapte	ction 119.07(3 ade under oa er 608, Florida	ith; that I am a manaç a Statutes.	I further cert	r or manage	nformation or of the	