


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90363 039 ****50.00

DOCUMENT # L01000001441	
1. Entity Name WARD TOWERS ASSISTED LIVING, LLC	

Principal Place of Business 3000 N.W. 32 AVENUE MIAMI, FL 33125	Mailing Address 3000 N.W. 32 AVENUE MIAMI, FL 33125
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14012849




2. Principal Place of Business 7483 SW 24th Street Suite, Apt. #, etc. Suite 209 City & State Miami, FL Zip 33155	3. Mailing Address 7483 SW 24th Street Suite, Apt. #, etc. Suite 209 City & State Miami, FL Zip 33155
Country USA	Country USA

04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0525818	Applied For <input type="checkbox"/> Not Applicable
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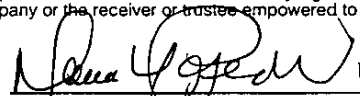
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WASHINGTON, LYNN C 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Maria N. de Pedro-Gonzalez Street Address (P.O. Box Number is Not Acceptable) 7483 SW 24th Street Suite 209 City Miami FL Zip Code 33155
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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  , Maria N. de Pedro-Gonzalez	DATE 4/25/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MDHA DEVELOPMENT CORPORATION <input type="checkbox"/> Delete 3000 N.W. 32 AVENUE MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MDHA DEVELOPMENT CORPORATION 7483 SW 24th Street, Suite 209 Miami, FL 33155
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
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
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

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:  Maria N. de Pedro-Gonzalez 4/25/05 (305) 267-3624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	