


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90030 034 \*\*\*\*50.00

<b>DOCUMENT # L01000014737</b> 1. Entity Name <b>WINDSOR SENIOR LIVING, LLC</b>	
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Principal Place of Business <b>269 SOUTH OSPREY SUITE 200 SARASOTA, FL 34236</b>	Mailing Address <b>269 SOUTH OSPREY SUITE 200 SARASOTA, FL 34236</b>
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**DO NOT WRITE IN THIS SPACE**

04062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-1144277</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**HARTENSTINE, J. MICHAEL J  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUSSELL, STEPHEN D 269 S. OSPREY AVE, STE 200 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUCHANAN, TIM 816 TERRADYNE CIR ANDOVER, KS 67002</b>
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Managing Member 4-12-07 (316) 646-6277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #