

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003567

**FILED**  
**Mar 08, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA SENIOR LIVING, LLC

**Current Principal Place of Business:**

725 S PINE ST  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1175 PEACHTREE ST., SUITE 1230  
ATLANTA, GA 30361

**New Mailing Address:**

P. O. BOX 8779  
ATLANTA, GA 31106

**FEI Number:** 13-4236593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCCLURE, JOHN K ESQ  
230 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCMULLAN, JOHN E  
Address: 1175 PEACHTREE STREET NE SUITE 850  
City-St-Zip: ATLANTA, GA 30361

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCMULLAN, JOHN E  
Address: 1175 PEACHTREE STREET NE SUITE 1230  
City-St-Zip: ATLANTA, GA 30361

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** JOHN E MCMULLAN

MGRM

03/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date