2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# L02000013906

Entity Name: RETIREMENT COMMUNITIES LLC

Current Principal Place of Business:

1851 SANDRA DR.
PENSACOLA, FL 32506

New Principal Place of Business:

2782 CREEKWOOD DR.
CANTONMENT, FL 32533

Current Mailing Address:

1851 SANDRA DR.
PENSACOLA, FL 32506

New Mailing Address:

2782 CREEKWOOD DR.
CANTONMENT, FL 32533

FEI Number: 04-3697877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGINBOTHAM, W.E.
1851 SANDRA DR.
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

HUSTON, GARY W
125 W. ROMANA STREET
SUITE 800
PENSACOLA, FL 32502 US

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: GARY W. HUSTON 04/05/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AMERICAN CORPORATE I, NVESTMENT GROU P INC.
Address: 1851 SANDRA DR.
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WEBB, JERRY T
Address: 2782 CREEKWOOD DR.
City-St-Zip: CANTONMENT, FL 32533

Title: MGR ( ) Change (X) Addition
Name: WEBB, JAMES D
Address: 3894 PARADISE BAY DR.
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY T. WEBB MGR 04/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date