2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 17, 2004 08:00 AM Secretary of State DOCUMENT # L02000023969 1. Entity Name ALLIANCE SENIOR SERVICES AT SABAL HOUSE, LLC Principal Place of Business Mailing Address 150 CROSSVILLE STREET 150 CROSSVILLE STREET CANTONMENT FL 32433 CANTONMENT FL 32433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 51-0425787 Not Applicable Country Zip Country \$5.00 Additional Ζ₁p 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERRENS, WARREN K Street Address (P.O. Box Number is Not Acceptable) 150 CROSSVILLE STREET CANTONMENT FL 32533 Zip Code City FL 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10, 9. ☐ Change Addition MGR TITLE TITLE ☐ Delete NAME JERREMS, WARREN K NAME STREET ADDRESS STREET ADDRESS 150 CROSSVILLE STREET CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition Delete TITLE MGR TITLE ALLEN, WILLIAM G NAME NAME STREET ADDRESS STREET ADDRESS 117 MOONLIGHT DRIVE U000000055162 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 02/17/04-80026 -002 250.00 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

2/6/04 850.476.30.4