


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90141 001 ***500.00

DOCUMENT # L02000023969 1. Entity Name ALLIANCE SENIOR SERVICES AT SABAL HOUSE, LLC					
Principal Place of Business 150 CROSSVILLE STREET CANTONMENT, FL 32433			Mailing Address 150 CROSSVILLE STREET CANTONMENT, FL 32433		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 5887 BERRYHILL RD #148 MILTON, FL 32570			
Country Zip		Country Zip		4. FEI Number 51-0425787	
Country Zip		Country Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JERRENS, WARREN K 150 CROSSVILLE STREET CANTONMENT, FL 32533			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5887 BERRYHILL RD #148 City MILTON State FL Zip Code 32570		
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 <u>Warren K Jerrens</u> DATE <u>2/2/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JERREMS, WARREN K 150 CROSSVILLE STREET CANTONMENT, FL 32533		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5887 BERRYHILL ROAD #148 MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, WILLIAM G 117 MOONLIGHT DRIVE PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 CROSSVILLE ST CANTONMENT, FL 32533	
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: <u>Warren K Jerrens</u>			Date <u>2/2/05</u> Daytime Phone # <u>850.983.9134</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE WARREN K. JERREMS					