

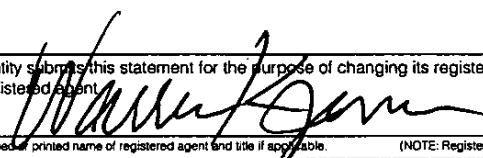
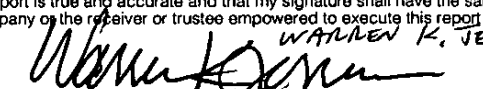


FILED
Apr 29, 2005 8:00 am
Secretary of State

910000

DOCUMENT # L02000023978 1. Entity Name ALLIANCE SENIOR SERVICES AT STANLEY HOUSE, LLC				04-29-2005 90141 001 ***500.00	
Principal Place of Business 718 WALTON TD DEFUNIAK SPRINGS, FL 32433		Mailing Address 150 CROSSVILLE STREET CANTONMENT, FL 32533			
2. Principal Place of Business		3. Mailing Address 5887 BERRYHILL RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 148		01272005 Chg-LLC CR2E083 (10/03)	
City & State		City & State MILTON, FL		4. FEI Number 51-0425777	
Zip		Zip 32570		Country USA	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JERREMS, 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 ROAD #148 City MILTON, 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  DATE 2/2/05 <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 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 5887 BERRYHILL ROAD #148 MILTON, FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR ALLEN, WILLIAM G 147 MOONLIGHT DR PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 5887 BERRYHILL ROAD #148 MILTON, FL 32570 <input checked="" 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		
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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:  DATE 2/2/05 850.983.9134 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					