


FILED  
Jan 31, 2007 8:00 am  
Secretary of State

01-31-2007 90091 001 \*\*\*450.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L02000023978</b> ✓			
1. Entity Name ALLIANCE SENIOR SERVICES AT STANLEY HOUSE, LLC			
Principal Place of Business 718 WALTON RD DEFUNIAK SPRINGS, FL 32433		Mailing Address <del>5887 BERRYHILL RD</del> <del>#148</del> MILTON, FL 32570	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent  JERREMS, WARREN K <del>5887 BERRYHILL</del> <del>#148</del> MILTON, FL 32570		7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) <u>150 Crossville Street</u> <u>Cantonment, FL 32533</u> FL Zip Code	
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 Jerrem</u> <u>CFO</u> DATE <u>1/23/07</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, 2007		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 <del>5887 BERRYHILL RD #148</del> MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>150 Crossville Street</u> <u>Cantonment, FL 32533</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, WILLIAM G <del>5887 BERRYHILL RD #148</del> MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET CITY-ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>150 Crossville Street</u> <u>Cantonment, FL 32533</u>
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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 exemptions contained in Chapter 119, 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 Jerrem</u> <u>CFO</u> DATE <u>1/23/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			