


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90141 001 \*\*\*500.00

<b>DOCUMENT # L02000023984</b>	
1. Entity Name <b>ALLIANCE SENIOR SERVICES AT FORSYTH HOUSE, LLC</b>	

Principal Place of Business <b>5887 BERRYHILL ROAD MILTON, FL 32583</b>	Mailing Address <b>150 CROSSVILLE ST. CANTONMENT, FL 32533</b>
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30005112



2. Principal Place of Business		3. Mailing Address <b>5887 BERRYHILL RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#148</b>	
City & State		City & State <b>MILTON, FL</b>	
Zip	Country	Zip	Country
		<b>32570</b>	<b>USA</b>

02042005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>51-0425774</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JERRENS, WARREN K 150 CROSSVILLE ST. CANTONMENT, FL 32533</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>5887 BERRYHILL ROAD</b>	
<b>#148</b>	
City <b>MILTON</b>	FL Zip Code <b>32570</b>

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: **2/4/05**

**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 ST. CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>5887 BERRYHILL RD #148</b> <b>MILTON, FL 32570</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, WILLIAM G 150 CROSSVILLE STREET CANTONMENT, FL 32533 <input type="checkbox"/> Delete <b>OK</b>	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
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: **2/4/05**

WARREN K. JERREMS