

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90020 011 \*\*\*\*50.00

**DOCUMENT # L02000023998**

1. Entity Name

**ALLIANCE SENIOR SERVICES AT MAGNOLIA HOUSE, LLC**



Principal Place of Business

**1125 STRONG ROAD  
QUINCY FL 32351**

Mailing Address

**11030 N 130TH WAY  
SCOTTSDALE AZ 85259**

2. Principal Place of Business

3. Mailing Address

**150 CROSSVILLE STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CANTONMENT FL**

Zip

Country

Zip

Country

**32533**

**USA**

4. FEI Number

**51-0425781**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR.  
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

**WARREN JERREMS**

Street Address (P.O. Box Number is Not Acceptable)

**150 CROSSVILLE ST.**

City

**CANTONMENT**

FL

Zip Code

**32533**

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

*Warren K Jerrens*

**2/18/03**

Signature, typed 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, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>JERREMS, WARREN K</b>	
STREET ADDRESS	<b>11030 N 130TH WAY</b>	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85259</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, WILLIAM G</b>	
STREET ADDRESS	<b>117 MOONLIGHT DR.</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32413</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>150 CROSSVILLE STREET</b>	
CITY-ST-ZIP	<b>CANTONMENT, FL 32533</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

*Warren K Jerrens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/18/03 602.363.6303**

CR2E083 (10/02)