2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000027296

1. Entity Name

ALTERNATIVE LIVING RESOURCES, L.C.



Principal Place of Business

1401 SOUTH FEDERAL HIGHWAY

SUITE 501

BOCA RATON, FL 33432 US

Mailing Address

1401 SOUTH FEDERAL HIGHWAY

SUITE 501

BOCA RATON, FL 33432 US

FILED Feb 11, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 51-0432675

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Ager	nt

GREINER, TANYA E 65 SOUTHEAST SPANISH TRAIL SUITE 103

DO NOT WRITE IN THIS SPACE

BUCA RATUN, FL 33432			IN THIS STAGE			
	named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registere	d office or registered a	gent, or both, in the S	State of Florida. I am fan	niliar with, and accept
SIGNATURE.			···-			
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE Registered	Agent signature required when	reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2004			02/11	10000045870 1704-80080-002	2 50.00
9.	MANAGING MEMBERS/MANAGERS			_		
TITLE NAME STREET ADDRESS DITY-ST-ZIP	MGRM MCQUAGGE, KYLE S 1401 S. FEDERAL HIGHWAR, SUITE 501 BOCA RATON, FL 33432				— —	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby of indicated	ertify that the information supplied with this filing does not que on this report is true and accurate and that my signature shall	alify for the exen	nption stated in Section legal effect as if made	119.07(3)(i), Florida under oath: that i am	Statutes. I further certify	that the information or manager of the

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.