

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


2/16/2004-90164-010/\$50.00-\$50.00

FILED

04 APR -6 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L03000007034		
1. Entity Name ASSISTED RESIDENTIAL COMMUNITY LLC		
Principal Place of Business 7225 NW 25TH ST STE. 300 MIAMI, FL 33122		Mailing Address 7225 NW 25TH ST STE. 300 MIAMI, FL 33122
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ARAUZ, LUIS C 7225 NW 25TH ST STE. 300 MIAMI, FL 33122		Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____		DATE _____
Filing Fee is \$50.00 Due by May 1, 2004		Please check payable to Florida Department of State
(MSRM) MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES
TITLE: <input type="checkbox"/> Delete NAME: Inverstones HCO S.A STREET ADDRESS: Decaprice Laurica CITY-STATE-ZIP: 75 METROSAL NORTE Edificio	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: Reguiza STREET ADDRESS: Ean Jose, Costa Rica	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: MARIO SAUVA STREET ADDRESS: 1031 Red Bird AVE CITY-STATE-ZIP: MIAMI SPRINGS FL 33166	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied on this form does not qualify for the exemption stated in Section 118.07(3)(b), 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 of the recorder or trustee responsible to prepare this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: _____		DATE: _____