

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000023843

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** HOMESTEAD VILLAGE - FLORIDA, LLC

**Current Principal Place of Business:**

7830 PINE FOREST ROAD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

25819 CANAL RD.  
ORANGE BEACH, AL 36561

**New Mailing Address:**

**FEI Number:** 32-0081573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COMMUNITY SENIOR LIFE, INC.  
7830 PINE FOREST ROAD  
PENSACOLA, FL 32526 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** COMMUNITY SENIOR LIFE INC.  
**Address:** 25819 CANAL ROAD  
**City-St-Zip:** ORANGE BEACH, AL 36561

**Title:** CFO  
**Name:** JOHNSON, ROBIN E  
**Address:** 25819 CANAL ROAD  
**City-St-Zip:** ORANGE BEACH, AL 36561 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ROBIN E JOHNSON

CFO

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date