


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000027880</b> 1. Entity Name LAKEWOOD SENIOR LIVING, LLC	
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Principal Place of Business 269 SOUTH OSPREY AVENUE, SUITE 200 SARASOTA, FL 34236	Mailing Address 269 SOUTH OSPREY AVENUE, SUITE 200 SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**



07172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0150767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, E. JOHN II  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

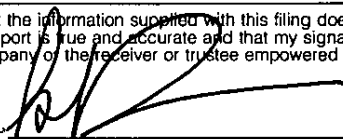
**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, STEPHEN D 269 S. OSPREY AVE., SUITE 200 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHANAN, TIMOTHY 7309 E. 21ST N., SUITE 110 WICHITA, KS 67206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000572516  
07/28/06-80001-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Stephen D. Russell** 7/25/06 941-953-3757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #