


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000039020 1. Entity Name SENIOR COMMUNITIES, LLC	
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Principal Place of Business 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619	Mailing Address 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0365214	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VAUGHAN, DAVID R 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619

**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 _____

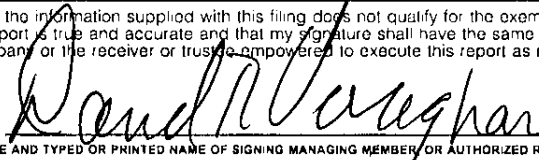
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000856658
03/28/08-80021-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENIOR CARE GROUP, INC. 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 

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