

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029095

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** SOARING EAGLE INVESTMENT/ASSISTED LIVING FACILITY LLC

**Current Principal Place of Business:**

1568 SW CALIFORNIA BLVD  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

743 SW TATUM TER  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 36-4552596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

OSBOURNE, RICARDO M  
1568 SW CALIFORNIA BLVD  
PORT ST. LUCIE, FL 34953 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: MGRM  
Name: LAWRENCE, DOREEN  
Address: 743 SW TATUM TER  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP  
Name: OSBOURNE, RICARDO  
Address: 743 SW TATUM TER  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: PRES  
Name: DOREEN, LAWRENCE  
Address: 743 SW TATUM TER  
City-St-Zip: PORT ST LUCIE, FL 34953

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: DOREEN LAWRENCE

MGRM

04/25/2011

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