2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000032651

Entity Name: THE ORANGE BLOSSOM ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

8955 E. DANIELS ROAD
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

8955 E. DANIELS ROAD
FLORAL CITY, FL 34436

New Mailing Address:

P.O. BOX 1114
FLORAL CITY, FL 34436

FEI Number: 57-1206472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RONDOT, SUSAN
8955 E. DANIELS ROAD
FLORAL CITY, FL 34436 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/MEMBERS:

Title: P ( ) Delete
Name: RONDOT, SUSAN
Address: P.O. BOX 1114
City-St-Zip: FLORAL CITY, FL 34436

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RONDOT, SUSAN
Address: P.O. BOX 1114
City-St-Zip: FLORAL CITY, FL 34436

Title: MGRM ( ) Change (X) Addition
Name: RONDOT, PETER T
Address: P.O. BOX 1114
City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: SUSAN RONDOT MGR 04/29/2005

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