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Secretary of State

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046853

1. Entity Name
ALABAMA OAKS INDEPENDENT LIVING, LLC

Principal Place of Business	Mailing Address
C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS, FL 33410-2758	C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS, FL 33410-2758
2. Principal Place of Business: c/o Harris Cramer LLP	3. Mailing Address: c/o Harris Cramer LLP, 1555 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.: 1555 Palm Beach Lakes Blvd., Ste. 310	Suite, Apt. #, etc.: Suite 310
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: 65-1113725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
3801 PGA BLVD., SUITE 508
PALM BEACH GARDENS, FL 33410-2758

7. Name and Address of New Registered Agent

Name: Harris Cramer LLP
Street Address (P.O. Box Number is Not Acceptable): 1555 Palm Beach Lakes Blvd.
Suite 310
City: West Palm Beach FL Zip Code: 33401

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: Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner by Daryl B. Cramer, President DATE: 3/30/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALABAMA OAKS ASSISTED LIVING, INC. 3801 PGA BLVD., SUITE 508 PALM BEACH GARDENS, FL 334102758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Alabama Oaks Assisted Living, INC. 1555 Palm Beach Lakes Blvd., Suite 310 West Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Alabama Oaks Assisted Living, INC. 3/24/05

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

BY: Brook R. Rose