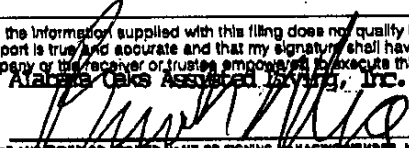
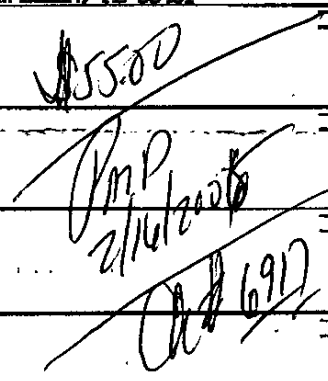


Jan.16. 2006 9:59AM

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90429 034 ****55.00

DOCUMENT # L04000046853			
1. Entity Name ALABAMA OAKS INDEPENDENT LIVING, LLC			
Principal Place of Business C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD SUITE 310 WEST PALM BEACH, FL 33401 US		Mailing Address C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD SUITE 310 WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BOULEVARD SUITE 310 WEST PALM BEACH, FL 33401		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 Boulevard 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. HARRIS CRAMER LLP by Daryl Cramer & Associates, P.A., Partner By: Daryl B. Cramer, President SIGNATURE: _____ (NOTE: Registered Agent signature required when relisting) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2006			
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 334102768 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALABAMA OAKS ASSISTED LIVING, INC. 1555 PALM BEACH BOULEVARD SUITE 310 WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alabama Oaks Assisted Living, Inc. 1555 Palm Beach Lakes Blvd., Ste. 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
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 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 606, Florida Statutes. Alabama Oaks Assisted Living, Inc. SIGNATURE:  By: Brock R. Ross, Director  2/16/2006 407-718-7937			

ATTACHMENT

20011627
#L04000046853

HARRIS CRAMER LLP
Attorneys At Law



1555 Palm Beach Lakes Blvd., Suite 310
West Palm Beach, Florida 33401-2327

Tel 561.478.7077
Fax 561.659.0701
www.harriscramer.com

Jeffrey J. Wolfe, Esq.
jwolfe@harriscramer.com

February 20, 2006

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7005 1820 0004 0500 6017

Re: Alabama Oaks Independent Living, LLC

Dear Sir/Madam:

Enclosed please find an original executed 2006 Annual Report for Alabama Oaks Independent Living, LLC, along with a check made payable to the "Florida Department of State" in the amount of \$55.00 to cover the filing fee of \$50.00 and the fee for a certificate of status of \$5.00.

If you have any questions regarding the enclosed, please give me a call.

Very truly yours,

Jeffrey J. Wolfe

JJW/dfb

Enclosures

cc: Mr. Brook R. Rose