

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90022 004 \*\*\*143.75

|                                                                                          |                                                                                   |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000046853</b><br>1. Entity Name<br>ALABAMA OAKS INDEPENDENT LIVING, LLC |  |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                                              |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O HARRIS CRAMER LLP<br>1555 PALM BEACH LAKES BLVD SUITE 310<br>WEST PALM BEACH, FL 33401 US | Mailing Address<br>C/O HARRIS CRAMER LLP<br>1555 PALM BEACH LAKES BLVD SUITE 310<br>WEST PALM BEACH, FL 33401 US |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

**60031273**



04082008 No Chg-LLC CR2E083 (12/07)

|                                                                                                     |                               |
|-----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>65-1113725                                                                         | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

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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 \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

|                                                    |                                                                                                               |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>ALABAMA OAKS ASSISTED LIVING, INC.<br>1555 PALM BEACH BOULEVARD SUITE 310<br>WEST PALM BEACH, FL 33401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **4/20/08** **(407) 718-7937**

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

By: Brook R. Rose, Director