

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025500

FILED
Apr 23, 2007
Secretary of State

Entity Name: LIBERTY ASSISTED LIVING LLC

Current Principal Place of Business:

5901 SUN BLVD
STE 104
ST PETERSBURG, FL 33715

New Principal Place of Business:

798 NINA DRIVE
TIERRA VERDE, FL 33715

Current Mailing Address:

5901 SUN BLVD
SUITE 104
ST. PETERSBURG, FL 33715

New Mailing Address:

798 NINA DRIVE
TIERRA VERDE, FL 33715

FEI Number: 20-2528815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, RAXIT N
5901 SUN BLVD
STE 104
ST PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

SHAH, RAXIT N
798 NINA DRIVE
TIERRA VERDE, FL 33715 US

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:

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAH, RAXIT N
Address: 5901 SUN BLVD STE 104
City-St-Zip: ST PETERSBURG, FL 33715

Title: MGRM () Delete
Name: VIJAPURA, MINAXI
Address: 5901 SUN BLVD STE 104
City-St-Zip: ST PETERSBURG, FL 33715

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAH, RAXIT N
Address: 798 NINA DRIVE
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM (X) Change () Addition
Name: VIJAPURA, MINAXI
Address: 798 NINA DRIVE
City-St-Zip: TIERRA VERDE, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAXIT N. SHAH

MGR

04/23/2007

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