2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025500

City-St-Zip:

TAMPA, FL 33610

Entity Name: LIBERTY ASSISTED LIVING LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5010 N. 40TH STREET TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 5010 N. 40TH STREET TAMPA, FL 33610 FEI Number: 20-2528815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLIBHAI, KARIM B 5010 N. 40TH STREET TAMPA, FL 33610 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/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SHAH, RAXIT N Name: Name: Address: 6025 SUN BLVD. #202 Address: City-St-Zip: ST. PETERSBURG, FL 33715 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: VIJAPURA, MINAXI Name: ALLIBHAI, NIMET Address: 6025 SUN BLVD. #202 Address: 5010 N. 40TH STREET City-St-Zip: ST. PETERSBURG, FL 33715 City-St-Zip: TAMPA, FL 33610 Title: MGRM (X) Delete Title: () Change () Addition ALLIBHAI, NIMET Name: Name: 5010 N. 40TH STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: NIMET ALLIBHAI MGRM 04/27/2009