

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070605

FILED
Mar 21, 2006
Secretary of State

Entity Name: FLEMING ISLAND HOLDINGS, L.L.C.

Current Principal Place of Business:

% PRESIDENT/ LOVE INVESTMENT COMPANY
212 S. CENTRAL AVE. STE. 100
ST. LOUIS, MO 63105

New Principal Place of Business:

C/O HALLMARK SENIOR HOUSING, INC.
212 S. CENTRAL AVE. STE. 301
ST. LOUIS, MO 63105

Current Mailing Address:

% PRESIDENT/ LOVE INVESTMENT COMPANY
212 S. CENTRAL AVE. STE. 100
ST. LOUIS, MO 63105

New Mailing Address:

C/O HALLMARK SENIOR HOUSING, INC.
212 S. CENTRAL AVE. STE. 301
ST. LOUIS, MO 63105

FEI Number: 20-3175766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEY, THERESA M
FORD, BOWLUS, DUSS, MORGAN ET AL P.A.
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: LOVE INVESTMENT COMP, ANY
Address: 212 S. CENTRAL AVE., SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HALLMARK SENIOR HOUS, INC, INC.
Address: 212 S. CENTRAL AVE., SUITE 301
City-St-Zip: ST. LOUIS, MO 63105

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: GEORGENE R. HEINZ

VP

03/21/2006

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