

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096322

FILED
Jan 17, 2007
Secretary of State

Entity Name: AVALON'S ASSISTED LIVING, LLC

Current Principal Place of Business:

1250 WILLOW BRANCH DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

1250 WILLOW BRANCH DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-3578922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, CHIQUITTIA
1250 WILLOW BRANCH DRIVE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

WALKER, CHIQUITTIA
556 WINDROSE DRIVE
ORLANDO, FL 32824 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: CHIQUITTIA S.E. WALKER

01/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALKER, ROBERT L JR.
Address: 1250 WILLOW BRANCH DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: CARTER-WALKER, CHIQUITTIA SE
Address: 1250 WILLOW BRANCH DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALKER, ROBERT L JR.
Address: 556 WINDROSE DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: MGR (X) Change () Addition
Name: CARTER-WALKER, CHIQUITTIA SE
Address: 556 WINDROSE DRIVE
City-St-Zip: ORLANDO, FL 32824

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: ROBERT LEE WALKER JR

MGR

01/17/2007

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