

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096322

**FILED**  
**Feb 21, 2010**  
**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:**

CARTER-WALKER, CHIQUITTIA SE  
556 WINDROSE DRIVE  
ORLANDO, FL 32824 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: MGR  
Name: WALKER, ROBERT L JR.  
Address: 556 WINDROSE DRIVE  
City-St-Zip: ORLANDO, FL 32824

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

I hereby 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

02/21/2010

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