

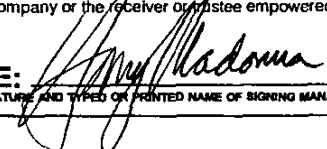


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:06

DOCUMENT # L05000097396 1. Entity Name FOUNDATION FOR SENIOR LIVING, LLC					
Principal Place of Business 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701			Mailing Address 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 2nd AVE S. 9015			
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL		4. FEI Number 20-3563060	
Zip 33701		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVE SUITE 1550 SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA INSTITUTE FOR LONG TERM CARE, LLC 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY D. 360 CENTRAL AVE, STE 1550 ST. PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / MEMBER GALLAGHER, RHONDA 109 ANTLES LANE GRANPIAN, PA 16838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / MEMBER WYATT, DEE 764 NORTH GOVERNORS AVE DOVER, DE 19904-7838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100077739041 07/19/06--01048--005 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  HARRY DILLON MADONNA 7/5/06					