

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104514

FILED
Mar 29, 2006
Secretary of State

Entity Name: CARRIAGE HOUSE ASSISTED LIVING FACILITIES LLC

Current Principal Place of Business:

1832 COUNTRY CLUB DRIVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

1832 COUNTRY CLUB DRIVE
TITUSVILLE, FL 32780

New Mailing Address:

1890 KNOX MCRAE DRIVE
104F
TITUSVILLE, FL 32780

FEI Number: 20-3324871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTHRIE, PATRICIA
1652 S PARK AVE.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

SACCHITELLA, STEVEN K
25 N ORLANDO AVENUE
COCOA BEACH, FL 32931 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: STEVEN K. SACCHITELLA

03/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: GUTHRIE, PATRICIA
Address: 1652 S PARK AVE.
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM () Delete
Name: HARRIS, ANNE
Address: 1890 KNOX MC RAE DR. #104F
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM () Delete
Name: RUDZIAK, MONA
Address: 1880 KNOX MC RAE DR. #D206
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HARRIS, ANNE L
Address: 1890 KNOX MC RAE DR. #104F
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM (X) Change () Addition
Name: RUDZIAK, MONA E
Address: 1880 KNOX MC RAE DR. #D206
City-St-Zip: TITUSVILLE, FL 32780

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: ANNE L. HARRIS

MGRM

03/29/2006

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