2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L05000105441 1. Entity Name 06 JUL 10 AM 10: 57 FSL-PANAMA CITY, LLC Mailing Address Principal Place of Business 100 SECOND AVENUE SOUTH 2100 JENKS AVENUE PANAMA CITY, FL 32405 **SUITE 901S** SAINT PETERSBURG, FL 33701 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Numbe Applied For 20-3695503 Not Applicable ZIp Country \$5,00 Additional Country Zíp 5. Certificate of Status Desired □ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPECTOR GADDON AND ROSEN Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVENUE **SUITE 1550** SAINT PETERSBUG, FL 33701 Zip Code City FL 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 Sepreture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Change Addition TITLE Delete MADONNA, HARRY D. 360 CANTRAL AVE, STE 1550 NAME FOUNDATION FOR SENIOR LIVING, LLC NAME 100 SECOND AVENUE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 CITY-ST-ZIP ST. AZTERSOURY, FL 3370/ TITLEMER NAME YEMB ADMINISTRATOR TITLE ☐ Change Addition ☐ Defete NAME 2100 JENKS AVENUE STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 32405 DIRECTOR OF NURSING C/TY-ST-ZIP CITY-ST-ZIP TILE TITLE Addition Delete ☐ Change NAME NAMÉ AIDO JENKO AVENUE STREET ADDRESS STREET AUGRESS PANAMA CATYLOFE 3240 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME ₹\$0.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADVICESS STREET ADDRESS CITY-ST-ZIP CTY-ST-Z 11. I he eby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true add 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 deceiver of physice empowered to execute this report as required by Chapter 608, Florida Statutes. HARRY DILLON MADONNA 7/5/66 SIGNATURE: UNTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Deytime Phone #