

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010189

FILED
Jan 24, 2007
Secretary of State

Entity Name: PREMIER SENIOR LIVING COMMUNITIES, LLC

Current Principal Place of Business:

1000 LENOX PARK PLACE
GAINESVILLE, GA 30507

New Principal Place of Business:

33 RAEMON D LANE
PALM COAST, FL 32164

Current Mailing Address:

PO BOX 908207
GAINESVILLE, GA 30501

New Mailing Address:

33 RAEMON D LANE
PALM COAST, FL 32164

FEI Number: 20-4541329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONNER, JAY
33 RAEMON D LANE
PALM COAST, FL 32164 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CONNER, JAY
Address: 33 RAEMON D LANE
City-St-Zip: PALM COAST, FL 32164

Title: MGR () Change (X) Addition
Name: STEPHENS, STANLEY E
Address: 11 CRATON ROAD
City-St-Zip: SILVER CREEK, GA 30173

Title: MGR () Change (X) Addition
Name: STEPHENS, MARY D
Address: 11 CRATON ROAD
City-St-Zip: SILVER CREEK, GA 30173

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: JAY CONNER

MGR

01/24/2007

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