

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010189

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: PREMIER SENIOR LIVING COMMUNITIES, LLC

**Current Principal Place of Business:**

39 FALLEN OAK LANE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

39 FALLEN OAK LANE  
PALM COAST, FL 32137

**New Mailing Address:**

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  
39 FALLEN OAK LANE  
PALM COAST, FL 32137 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 ( ) Delete  
Name: CONNER, JAY  
Address: 39 FALLEN OAK LANE  
City-St-Zip: PALM COAST, FL 32137

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

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

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

03/20/2009

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