2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2007
Secretary of State

DOCUMENT# L06000058268

Entity Name: AMBIENCE SENIOR LIVING LLC

Current Principal Place of Business:

4316 NEW RIVER HILLS PARKWAY
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4316 NEW RIVER HILLS PARKWAY
VALRICO, FL 33594

New Mailing Address:

FEI Number: 20-4999981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIMAN, ALYSA
2528 MASON OAKS DRIVE
VALRICO, FL 33594 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: MGRM ( ) Delete
Name: HARRIMAN, MALCOLM
Address: 2528 MASON OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGR ( ) Delete
Name: BOWLES, GORDON G
Address: 2314 SUNVIEW AVE.
City-St-Zip: VALRICO, FL 33594

Title: MGR ( ) Delete
Name: KIRTLEY, LIZADIA
Address: 1109 VERSANT DRIVE #102
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: LUCADANO, LIZADIA R
Address: P.O. BOX 3664
City-St-Zip: BRANDON, FL 335093664

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: MALCOLM HARRIMAN MGRM 01/20/2007

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