

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065530

FILED
Apr 29, 2009
Secretary of State

Entity Name: SENIOR LIVING PROPERTIES - PENINSULA, LLC

Current Principal Place of Business:

4661 JOHNSON ROAD
SUITE 7
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4661 JOHNSON ROAD
SUITE 7
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-5094541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENIOR LIVING MANAGEMENT CORP.
4661 JOHNSON ROAD
SUITE 7
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

WAGNER, DENNIS
4661 JOHNSON ROAD
SUITE 7
COCONUT CREEK, FL 33073 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: DENNIS WAGNER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SENIOR LIVING MANAGEMENT CORP.
Address: 4661 JOHNSON ROAD - SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WAGNER, DENNIS
Address: 4661 JOHNSON ROAD - SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Change (X) Addition
Name: RUBIN, URI
Address: 4661 JOHNSON ROAD - SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073

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: URI RUBIN

MGRM

04/29/2009

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