2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000080745

Entity Name: LA BELLE VIE ASSISTED LIVING, L.L.C.

Current Principal Place of Business:

18021 MALAKAI ISLE DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18021 MALAKAI ISLE DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAQUE, OSMAN
18021 MALAKAI ISLE DRIVE
TAMPA, FL 33647 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: HAQUE, OSMAN
Address: 18021 MALAKAI ISLE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete
Name: COLLIER, RONALD
Address: 12033 GANDY BLVD NORTH #164
City-St-Zip: ST PETERBURG, FL 33702

Title: MGRM (X) Delete
Name: KAMAL, MOHAMMED
Address: 1858 LINDSAY LANE
City-St-Zip: ANN ARBOR, MI 48104

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 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: OSMAN HAQUE MGMR 04/24/2007

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