2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000082620

Entity Name: BINDA ASSISTED LIVING L.L.C.

Current Principal Place of Business:

5544 NW 106 DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5544 NW 106 DRIVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-5277085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BINDA, LUKULA M
5544 NW 106 DRIVE
CORAL SPRINGS, FL 33076 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: BINDA, LUKULA M
Address: 5544 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM ( ) Delete
Name: BINDA, DOKOLO
Address: 5544 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM ( ) Delete
Name: BINDA, JOLIE N
Address: 5544 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

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: BINDA LUKULA M MRS 04/14/2009

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