

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099129

FILED
Mar 20, 2007
Secretary of State

Entity Name: FAITH HOUSE ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

335 FOSTER COVE
CHULUOTTA, FL 32766 US

New Principal Place of Business:

335 FOSTER COVE
CHULUOTA, FL 32766 US

Current Mailing Address:

290 STONER
WINTER SPRINGS, FL 32708 US

New Mailing Address:

290 STONER RD
WINTER SPRINGS, FL 32708 US

FEI Number: 20-5721235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRERO, IRIS
10788 SATINWOOD CIRCLE
ORLANDO, FL 32825 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: DURAND, MARY
Address: 290 STONER RD
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM () Delete
Name: DURAND, CARLOS
Address: 290 STONER RD
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES:

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: CARLOS DURAND

MGRM

03/20/2007

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