

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034393

FILED
Mar 25, 2009
Secretary of State

Entity Name: VEGA FAMILY ASSISTED LIVING FACILITIES LLC.

Current Principal Place of Business:

7750 BRETTONWOOD DR.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

14929 DEVONSHIRE WOODS PL.
TAMPA, FL 33624

New Mailing Address:

7750 BRETTONWOOD DR.
TAMPA, FL 33615

FEI Number: 41-2236963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VEGA, FRANCIS
14929 DEVONSHIRE WOODS PL.
TAMPA, FL 33624 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: VEGA, FRANCIS
Address: 14929 DEVONSHIRE WOODS PL.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VEGA, FRANCIS
Address: 7750 BRETTONWOOD DR.
City-St-Zip: TAMPA, FL 33615

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: FRANIS VEGA

MGRM

03/25/2009

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