

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036931

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PRESTIGE ASSISTED LIVING, LLC

**Current Principal Place of Business:**

2714 TIMBERLAKE AVE  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

2714 TIMBERLAKE AVE  
DELTONA, FL 32725

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

THE ORLANDO TAX ROOM, INC  
107 S. HAMLIN CT  
LONGWOOD, FL 32750 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: GORDON, DASRINE K  
Address: 705 CHELTENHAM  
City-St-Zip: DELTONA, FL 32728

Title: MGRM ( ) Delete  
Name: GORDON, SEYMORE  
Address: 705 CHELTENHAM  
City-St-Zip: DELTONA, FL 32728

Title: MGRM ( ) Delete  
Name: EASY, JACQUELANE  
Address: 265 ORGANZA PL  
City-St-Zip: CHULUOTA, FL 32766

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: EASY, JACQUELINE  
Address: 265 ORGANZA PL  
City-St-Zip: CHULUOTA, FL 32766

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: DASRINE GORDON

MGRM

04/28/2008

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