

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042804

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** A & J CENTRAL ASSISTED LIVING PROPERTIES, LLC

**Current Principal Place of Business:**

478 EAST ALTAMONTE DRIVE  
SUITE 108 PMB 510  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

1751 SW 80TH STREET  
OCALA, FL 34476 US

**New Mailing Address:**

**FEI Number:** 20-8915307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, TYLER MGRM  
478 EAST ALTAMONTE DRIVE  
SUITE 108 PMB 510  
ALTAMONTE SPRINGS, FL 32801 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  
Name: ALLEN, TYLER  
Address: 478 E. ALTAMONTE DRIVE, STE 108, PMB 510  
City-St-Zip: ORLANDO, FL 32701 US

Title: MGR  
Name: CELESTE, VINCENT  
Address: 1751 SW 80TH STREET  
City-St-Zip: OCALA, FL 34476

I hereby 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: VINCENT CELESTE

MGR

01/28/2010

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