


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

04-04-2008 90136 005 ***138.75

DOCUMENT # L07000043991
 1. Entity Name
 SOUTHERN SENIOR LIVING, LLC



Principal Place of Business
 14550 - 58TH STREET NORTH
 CLEARWATER, FL 33760

Mailing Address
 14550 - 58TH STREET NORTH
 CLEARWATER, FL 33760

30005333



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 26-0403858

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BACON, DAVID A
 2959 FIRST AVENUE NORTH
 ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent
 Name: BACON, DAVID A
 Street Address (P.O. Box Number is Not Acceptable)
 City: FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete 14550 58TH ST N. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete 14550 58TH ST N. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. <input type="checkbox"/> Delete 14550 58TH ST N. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Advanced Protection Technologies, Inc. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14550 58th Street North Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul D. Newman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14550 58th Street North Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph P. Grace <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14550 58th Street North Clearwater, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] 3/19/08 727-535-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #