


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-04-2008 90136 005 \*\*\*138.75

<b>DOCUMENT # L07000043991</b>	
1. Entity Name <b>SOUTHERN SENIOR LIVING, LLC</b>	

Principal Place of Business <b>14550 - 58TH STREET NORTH CLEARWATER, FL 33760</b>	Mailing Address <b>14550 - 58TH STREET NORTH CLEARWATER, FL 33760</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**30005393**

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	
<b>BACON, DAVID A 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713</b>	

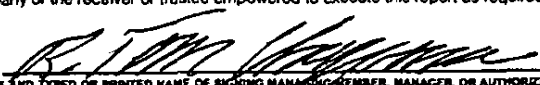
7. Name and Address of New Registered Agent	
Name <b>BACON, DAVID A</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MANAGING MEMBER <input type="checkbox"/> Delete 14550 58TH ST N. CLEARWATER, FL 33760</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Advanced Protection Technologies, Inc. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14550 58th Street North Clearwater, FL 33760</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT <input type="checkbox"/> Delete 14550 58TH ST N. CLEARWATER, FL 33760</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Paul D. Newman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14550 58th Street North Clearwater, FL 33760</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C.E.O. <input type="checkbox"/> Delete 14550 58TH ST N. CLEARWATER, FL 33760</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Joseph P. Grace <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14550 58th Street North Clearwater, FL 33760</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:**  **3/19/08 727-535-6339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #