

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043991

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN SENIOR LIVING, LLC

**Current Principal Place of Business:**

14550 58TH STREET NORTH  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

14550 58TH STREET NORTH  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 26-0403858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAPMAN, R TOM  
14550 58TH STREET NORTH  
CLEARWATER, FL 33760 US

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

CHAPMAN, R. TOM  
14550 58TH STREET NORTH  
CLEARWATER, FL 33760 US

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: R. TOM CHAPMAN

02/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ADVANCED PROTECTION TECHNOLOGIES, INC.  
Address: 14550 58TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: CEO  
Name: CHAPMAN, R. TOM  
Address: 14550 58TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33760

Title: P  
Name: GRACE, JOSEPH P  
Address: 14550 58TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33760

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: R. TOM CHAPMAN

CEO

02/11/2011

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