

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121644

Entity Name: BALMORAL ASSISTED LIVING SUITES LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

93 BALMORAL WAY  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

93 BALMORAL DRIVE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

5571 MARQUESAS CIRCLE  
SARASOTA, FL 34233

**New Mailing Address:**

93 BALMORAL DRIVE  
LAKE PLACID, FL 33852

FEI Number: 26-1642213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DONATO, EVELYN  
7826 SADDLE CREEK TRAIL  
SARASOTA, FL 34241 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: MGR ( ) Delete  
Name: HOUGHTON, GEORGE  
Address: 5571 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Delete  
Name: GREGAN, LYN  
Address: 93BALMORAL DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOUGHTON, GEORGE  
Address: 7826 SADDLE CREEK TRAIL  
City-St-Zip: SARASOTA, FL 34241

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

Title: DIR ( ) Change (X) Addition  
Name: NICHOLSON, CHRISTIAN  
Address: 93 BALMORAL DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

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: CHRISTIAN NICHOLSON

DIR

04/29/2008

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