

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121644

FILED
Apr 30, 2009
Secretary of State

Entity Name: BALMORAL ASSISTED LIVING SUITES LLC

Current Principal Place of Business:

93 BALMORAL DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

93 BALMORAL DRIVE
LAKE PLACID, FL 33852

New Mailing Address:

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: MGRM () Delete
Name: HOUGHTON, GEORGE
Address: 425 W. COLONIAL DR. #204
City-St-Zip: ORLANDO, FL 32804

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

Title: MGR () Delete
Name: HOUGHTON, JENNIFER
Address: 425 W. COLONIAL DR., #204
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: HOUGHTON, GARY
Address: 425 W. COLONIAL DR., #204
City-St-Zip: ORLANDO, FL 32804

Title: DIR () Delete
Name: HOUGHTON, JILL
Address: 425 W. COLONIAL DR., #204
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

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

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

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

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

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

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

04/30/2009

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