

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011288

FILED
Apr 26, 2009
Secretary of State

Entity Name: ROSE GARDENS ASSISTED LIVING LLC.

Current Principal Place of Business:

2037 FRASER ST
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

3498 MELISSA CT
PORT CHAELOTTE, FL 33980 US

New Mailing Address:

FEI Number: 38-3799339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULEMON, FRANCISQUE MANAGER
3498 MELISSA CT
PORT CHARLOTTE, FL 33980 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: PAULEMON, FRANCISQUE MANAGER
Address: 3498 MELISSA CT
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: MGR () Delete
Name: PAULEMON, IDELLE MANAGER
Address: 4334 PATES ST
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGR () Delete
Name: PAULEMON, CARMEL M MANAGER
Address: 3498 MELISSA CT
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: MGR () Delete
Name: ST. CLOUD, JEAN R MANAGER
Address: 37 PRESQUE ILES
City-St-Zip: PORT VCHARLOTTE, FL 33954 US

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:

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: FRANCISQUE PAULEMON

MGR

04/26/2009

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