

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015891

FILED
Mar 12, 2009
Secretary of State

Entity Name: COUNTRY MANOR II ASSISTED LIVING, LLC

Current Principal Place of Business:

27705 BETHLEHEM ROAD
PLANT CITY, FL 33565

New Principal Place of Business:

2705 BETHLEHEM ROAD
PLANT CITY, FL 33565

Current Mailing Address:

27705 BETHLEHEM ROAD
PLANT CITY, FL 33565

New Mailing Address:

2705 BETHLEHEM ROAD
PLANT CITY, FL 33565

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, STACEY
27705 BETHLEHEM ROAD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

STEARNS, STACY
2705 BETHLEHEM ROAD
PLANT CITY, FL 33565 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: STACY STEARNS

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: STEARNS, STACEY
Address: 27705 BETHLEHEM ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: MGMR () Delete
Name: STEARNS, JEANNIE
Address: 27705 BETHLEHEM ROAD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: STEARNS, STACY
Address: 2705 BETHLEHEM ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: MGMR (X) Change () Addition
Name: STEARNS, JEANNIE
Address: 2705 BETHLEHEM ROAD
City-St-Zip: PLANT CITY, FL 33565

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: STACY STEARNS

MGR

03/12/2009

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