2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

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Entity Name: ADKINSON ASSISTED LIVING FACILITIES, LLC

Current Principal Place of Business:

284 CYPRESS TRACE
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

284 CYPRESS TRACE
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 26-2800923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLASTERSTEIN, NOEL H
1718 EAST 7TH AVENUE
201
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

FLASTERSTEIN, NOEL H
2240 BELLEAIR ROAD
190
CLEARWATER, FL 33764 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: NOEL H. FLASTERSTEIN 04/16/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ADKINSON, GARY A
Address: 284 CYPRESS TRACE
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM
Name: ADKINSON, MARIA G
Address: 284 CYPRESS TRACE
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM
Name: ADKINSON, LARRY
Address: 284 CYPRESS TRACE
City-St-Zip: TARPON SPRINGS, FL 34688 US

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 Statues.

SIGNATURE: GARY A. ADKINSON MGRM 04/16/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date