2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2011
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
2240 BELLEAIR ROAD
190
CLEARWATER, FL 33764 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
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

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 MGR 04/30/2011

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