

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035870

**FILED**  
**Sep 15, 2010**  
**Secretary of State**

**Entity Name:** GOLDEN RETREAT ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

6746 MASSACHUSETTS DRIVE  
LAKE WORTH, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

6746 MASSACHUSETTS DRIVE  
LAKE WORTH, FL 33462

**New Mailing Address:**

**FEI Number:** 26-4710495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOBBAN, NORMAN A  
4448 INVERRARY BLVD  
LAUDERHILL, FL 33319 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  
Name: DAVIS, JACQUES A  
Address: 6746 MASSACHUSETTS DRIVE  
City-St-Zip: LAKE WORTH, FL 33462

Title: MGRM  
Name: DAVIS, CLOVER E  
Address: 6746 MASSACHUSETTS DRIVE  
City-St-Zip: LAKE WORTH, FL 33462

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 Statutes.

SIGNATURE: JACQUES DAVIS

MGRM

09/15/2010

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