

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040046

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** AVALON'S ASSISTED LIVING III, LLC

**Current Principal Place of Business:**

1812 CROWN HILL BLVD  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

1812 CROWN HILL BLVD  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 26-4795872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, ROBERT L JR  
556 WINDROSE DRIVE  
ORLANDO, FL 32824 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:** WALKER, ROBERT LEE JR  
**Address:** 556 WINDROSE DRIVE  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** MGRM  
**Name:** CARTER-WALKER, CHIQQUITTIA  
**Address:** 556 WINDROSE DRIVE  
**City-St-Zip:** ORLANDO, FL 32824 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 Statutes.

**SIGNATURE:** ROBERT LEE WALKER JR

MGRM

02/21/2010

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