

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103840

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** AT LIBERTY ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

1897 NW 44TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

1460 NW 41 ST  
MIAMI, FL 33142

**Current Mailing Address:**

1897 NW 44TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

1460 NW 41 ST  
MIAMI, FL 33142

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DAVID W. SOUTHWELL, CPA, PLLC  
16191 NW 57TH AVENUE  
MIAMI, FL 33014 US

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

E-CONSULTING, INC  
16499 NE 19 AVENUE  
SUITE 104  
N MIAMI BEACH, FL 33162 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: MICHAEL LAWRENCE

05/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HILL, ALVIN  
Address: 1460 NW 41 ST  
City-St-Zip: MIAMI, FL 33142

Title: MGRM  
Name: HILL-DYKE, LISA  
Address: 5957 NW 79 WAY  
City-St-Zip: PARKLAND, FL 33067

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: MICHAEL LAWRENCE

RA

05/02/2010

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