

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000056687

FILED
Apr 19, 2011
Secretary of State

Entity Name: RESIDENTS' AID FUND OF PENNEY RETIREMENT COMMUNITY, LLC

Current Principal Place of Business:

3495 HOFFMAN STREET
PENNEY FARMS, FL 320790555

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 555
PENNEY FARMS, FL 320790555

New Mailing Address:

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

Name and Address of Current Registered Agent:

PENNEY RETIREMENT COMMUNITY, INC.
3495 HOFFMAN STREET
PENNEY FARMS, FL 320790555 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: GOLINSKI, LUANA
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: MGR
Name: TURNER, HERBERT
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: MGR
Name: ROOY, MAE
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: MGR
Name: GILSON, CLIFFORD
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: MGR
Name: OESTREICH, FRANCES
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

Title: MGR
Name: HASTINGS, EARNEST
Address: 3495 HOFFMAN STREET
City-St-Zip: PENNEY FARMS, FL 320790555

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: HERBERT TURNER

MGR

04/19/2011

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