
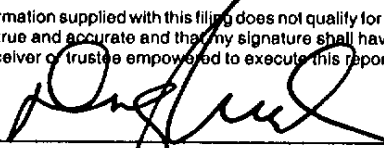


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000874		
RIVER OAKS ASSISTED LIVING FACILITY, L.C. 10845 W. GEM STREET CRYSTAL RIVER FL 32629		1a. Principal Place of Business Address 10845 W. GEM STREET CRYSTAL RIVER FL 32629		
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/14/1995
City & State		City & State		FL
Zip	Country	Zip	Country	4. FEI Number
				59-3379850
				5. Date of Last Report
				03/03/1997
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office		
WARD, DANIEL J 10845 W. GEM STREET CRYSTAL RIVER FL 32629		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGR	WARD, DANIEL J	354 NW 14TH PLACE		CRYSTAL RIVER FL
MGR	PERGLER, RICHARD R	6917 FOXFIRE DRIVE		CRYSTAL LAKE IL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: 		2-24-98		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #		