

L95000000874

200006352582--6

Annual Report  
Filed 3-26-99

1 pgs.

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # 195000000874</b>  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  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified 11/14/1995		3a. State of Formation FL	
4. FEI Number 59-3379850		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/02/1998		6. Certificate of Status Desired <input type="checkbox"/> To Be And Fees Are Required	
7. Name and Address of Current Registered Agent  WARD, DANIEL J 10845 W. GEM STREET CRYSTAL RIVER FL 32629		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code FL	
9. Pursuant to the provisions of Sections 609.416 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reappointing)			
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	PERCIER, RICHARD D	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: _____		3/26/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	