
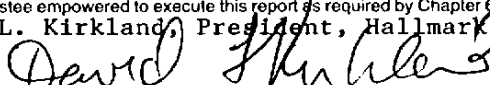


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 28 AM 8:25	
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 # L98000002628			
THE RENAISSANCE AT BRANDON, L.L.C. C/O HALLMARK SENIOR HOUSING, INC. 212 SOUTH CENTRAL AVENUE, SUITE 301 ST. LOUIS MI 63105		1a. Principal Place of Business Address C/O HALLMARK SENIOR HOUSING, 212 SOUTH CENTRAL AVENUE, SU ST. LOUIS MI 63105			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/09/1998	
City & State		City & State		3a. State of Formation	
St. Louis, MO		St. Louis, MO		FL	
Zip		Country		4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
KENNEY, THERESA MARIA ESQ. FORD, JESTER, BOWLUS & DUSS, P.A. 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257				Name Theresa Marie Kenney	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				FL	
				Zip Code	
				1064	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	HALLMARK SENIOR HOUSIN	212 SOUTH CENTRAL AVENUE, 212 S. Central, Suite 301		ST. LOUIS MI St. Louis, MO 63105	
1000002870361--8 -05/11/99--01008--003 ****188.75 ****188.75					
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. David L. Kirkland, President, Hallmark Senior Housing, Inc.					
SIGNATURE:				4/26/99 314/512-7952	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	