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



FILLED

Daytime Phone #

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS			
							=	APR 28	AM 8: 26
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									
1. Name and Malling Address of Limited Liability Company DOCUMENT # L98000002629									
RADIO TOWER, L.L.C.							1a. Principal Place of Business Address		
C/O HALLMARK SENIOR HOUSING, INC. 212 SOUTH CENTRAL AVENUE, SUITE 301 ST. LOUIS MI 63105							C/O HALLMARK SENIOR HOUSING, 212 SOUTH CENTRAL AVENUE, SU ST. LOUIS MI 63105		
Principal Place of Business 26			2a. Mail	2a. Mailing Address			3. Date Organize	ed or Qualified	3a. State of Formation
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			11/09/1998 FL			
City & State			City & State			Applied For			
St. Louis, MO			1 -	St. Louis, MO			65-0876848 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired		
Zip Country 63105		Zip Cour		Count	y 5. Date of Last Report		юроп	\$6.75 Additional Fee Required	
7. Name and Address of Current			Registered Agent			8.	Name and Address	s of New Regis	stered Agent/Office
7/2011				Name	inclu				
KENNEY, THERESA MARIE ESQ. FORD, JETER, BOWLUS & DUSS, P. <i>I</i>					A. Street Address (P.O. Box Number is Not Acceptable)				ble)
10110 SAN JOSE BLVD. JACKSONVILLE FL 32257 Suite. Apt. #, etc.									:
OACK	E FL 32237		ound, rept. ", etc.						
						City		EI	Zıp Code
Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement									ement 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									
10, Title				Business Street Address			City, State and Zip Code		
MGRM	RM HALLMARK SENIOR HOUSIN 212 SC					CENTRAL	AVENUE,	ST. L	OUIS-MI-
}	}			212 S. Central, Suite 3			301 St. Louis, MO		
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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 Prespent, Wallmark Senior Housing, Inc.									
SIGNATURE: David Link Fries Ident, Baltiark Senior Housing, Inc. 4/26/99 314/512-7952									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R (12-98)

SIGNATURE: