2000 UNIFORM BUSINESS REPORT (UBR)

00141126 AF

DOCUMENT # L98000002629

1. Entity Name
RADIO TOWER, L.L.C.

FILED 4/5/00
00 MAR 24 AM 10: 19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O HALLMARK SENIOR HOUSING, INC. 212 SOUTH CENTRAL AVENUE, SUITE 301 ST. LOUIS MO 63105	C/O HALLMARK SENIOR HOUSING, INC. 212 SOUTH CENTRAL AVENUE, SUITE 301 ST. LOUIS MO 63105-3500

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip   Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip   Country

4. FEI Number 65-0876848   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEY, THERESA MARIE ESQ.
FORD, JETER, BOWLUS & DUSS, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HALLMARK SENIOR HOUSING, INC. 212 S. CENTRAL, SUITE 301 ST. LOUIS MO 63105 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003204463--5 -04/11/00--01124--012 *****50.00 *****50.00
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CR2E083 (9/99)

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED Georgene R. Heinz 3/10/00 314-512-7957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

V.P. Hallmark Senior Housing, Managing Member