

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002629

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

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

C/O HALLMARK SENIOR HOUSING, L.L.C.
212 SOUTH CENTRAL AVENUE, SUITE 301
ST. LOUIS, MO 63105

New Principal Place of Business:

C/O HALLMARK SENIOR HOUSING, L.L.C.
212 SOUTH CENTRAL AVENUE, SUITE 301
ST. LOUIS, MO 63105 US

Current Mailing Address:

C/O HALLMARK SENIOR HOUSING, L.L.C.
212 SOUTH CENTRAL AVENUE, SUITE 301
ST. LOUIS, MO 63105

New Mailing Address:

C/O HALLMARK SENIOR HOUSING, L.L.C.
212 SOUTH CENTRAL AVENUE, SUITE 301
ST. LOUIS, MO 63105 US

FEI Number: 65-0876848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALLMARK SENIOR HOUS, ING, L.L.C.
Address: 212 S. CENTRAL, SUITE 301
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HALLMARK SENIOR HOUS, ING, L.L.C.
Address: 212 S. CENTRAL, SUITE 301
City-St-Zip: ST. LOUIS, MO 63105 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID L. KIRKLAND

AUTH

04/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date