

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90315 025 \*\*\*\*50.00

**DOCUMENT # L99000002348**

1. Entity Name  
**SENIOR LIFESTYLES, L.L.C.**



Principal Place of Business  
**7901 KIPLING STREET  
PENSACOLA, FL 32514**

Mailing Address  
**7901 KIPLING STREET  
PENSACOLA, FL 32514**

**24014876**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**59-3572999**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, BELIE  
7901 KIPLING STREET  
PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent

Name **ELAINE WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)

**505 JAMES RIVER RD.**

City **GULF BREEZE**

FL

Zip Code **32561**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Elaine Williams*

**ELAINE WILLIAMS**

**2-1-04**

**EFFECTIVE 12-1-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **WILLIAMS, BELIE** ☒ Delete  
STREET ADDRESS **505 JAMES RIVER ROAD**  
CITY-ST-ZIP **GULF BREEZE, FL 32561** **EFFECTIVE 12-1-03**

TITLE **MEM**  
NAME **GARNER, COURTNEY T** ☐ Delete  
STREET ADDRESS **1750 EAST TEXAR DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **MEM**  
NAME **FOLKERS, THOMAS G** ☒ Delete  
STREET ADDRESS **2 FAIRPOINT PLACE**  
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **MEM**  
NAME **FOLKERS, SHIRLEY M** ☒ Delete  
STREET ADDRESS **2 FAIRPOINT PLACE**  
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM**  
NAME **WILLIAMS, ELAINE** ☐ Change ☒ Addition  
STREET ADDRESS **505 JAMES RIVER RD.** **EFFECTIVE 12-1-03**  
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Elaine Williams*

**ELAINE WILLIAMS**

**2-1-04**

**850 934-1061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE #