


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002348 1. Entity Name SENIOR LIFESTYLES, L.L.C.	
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Principal Place of Business 7901 KIPLING STREET PENSACOLA, FL 32514	Mailing Address 7901 KIPLING STREET PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



05122006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3572999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, ELAINE 505 JAMES RIVER RD. GULF BREEZE, FL 32561
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, ELAINE 505 JAMES RIVER ROAD GULF BREEZE, FL 32561
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05/20/06-80104-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, managing member 5-13-06 .850 934-1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ELAINE WILLIAMS, MANAGING MEMBER