2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000002348

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



Principal Place of Business

Mailing Address

7901 KIPLING STREET PENSACOLA, FL 32514 7901 KIPLING STREET PENSACOLA, FL 32514

FILED Apr 23, 2007 08:00 A Secretary of State



01132007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	59-3572999	ľ	Not Applicable
5.	Certificate of Status Desired	\$5.0 Fee R	Additional ired

6. Name and Address of Current Registered Agent

WILLIAMS, ELAINE 505 JAMES RIVER RD. GULF BREEZE, FL 32561

NAME STREET ADDRESS

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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

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			*
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familier with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		05/02/07-80095-008 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	WILLIAMS, ELAINE		
STREET ADDRESS	505 JAMES RIVER ROAD	i i	
CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE			
NAME		<u> </u>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			

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11. I hereby certify that the information supplied with this filling 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.

SENIOR CIFESTYLES, CLC

NATURE: Summer in Manager Signing Managing Member, or of Hodized Representative

4-18-07

350 934-1061