## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900005255  1. Entity Name  THE ALLEGRO AT EAST LAKE, L.L.C.						FILED 4/5/00 00 HAR 24 AM 10: 43			
Principal Place of Business Mailing Address					7	SECRETARY OF STATE TALLAHASSEE FLORIDA			
C/O HALLMARK SENIOR HOUSING, INC.  C/O HALLMARK SENIOR HOUSING				G. INC.		SECRE IN SEE FL	ORIUA		
212 SOUTH CENTRAL AVENUE. SUITE 301 212 SOUTH CENTRAL AVENUE.			venue. S			JALLAIN			
ST. LOUIS MO 63105 ST. LOUIS MO 63105-3500									
2. Principal Place of Business 3. Mailing Address									
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. FEI Number Applied For				
Oity & Oidi	<b>U</b>	Oily & State		l l	8-2509504		Not Applicable		
Zip	Country	Zip	Country		5. Certi	ficate of Status Desired		Additional	
	6. Name and Address of Current	Registered Agent		<del>-</del>	7. Name	e and Address of New Regi	Fee Requ	ired	
THERESA MARIE KENNEY, ESQ.				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
FORD, JETER, BOWLUS & DUSS, P.A.									
10110 SAN JOSE BOULEVARD									
JACKSONVILLE FL 32257				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	<del></del>	
	_ <u>i</u>	, , , , ,			<del></del>		<del></del>		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State									
		Make Check Fi	ayable t	o bepartment	UI SIAIC			}	
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CH	ANGES		
TITLE	MGRM Delets 117						Chang	je 🗌 Addition i	
NAME STREET ADDRESS	HALLMARK SENIOR HOUSING, II 212 SOUGH CENTRAL AVENUE,			EET ADDRESS					
CITY-ST-ZLP	ST. LOUIS MO 63105		CITY	- 8T- ZIP				<u></u>	
TITLE		☐ Delete	TITL	l			(Chang	je 🗌 Addition	
NAME STREET ADDRESS			MAM Stri	IE Eet address		00000022	naae	("i;")	
CITY- 8T- ZIP			<b>.</b> .	- ST- ZIP		0000032 -04/11/	70001124	F-U20 T (	
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RAME			MAM						
STREET ADDRESS CITY-ST-ZIP				EET ADORESS - St-Zip					
TITE-	<del></del>	Delata	TITL	E			☐ Chang	e Addition	
NAME -			NAM	IE .				ł	
STREET ADDRESS CITY- ST-ZIP				EET ADDRESS - 87- ZIP					
TITLE		□ Defets	TITL				Chang	e Addition	
NAME		C Dotte	NAM	i					
STREET ADDRESS				EET ADDRESS			,		
CITY- 8T- ZIP				- 8T- ZIP	<del>-</del>		· · · · · · · · · · · · · · · · · · ·	e	
TITLE		☐ Defete	TITL				Chang		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-\$T-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 at the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
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<b>SIGNAT</b>	URE://linglive	TED NAME OF SIGNING MANAGING	(70)		Heinz	410/00	3/4-5/2 -7 Daytime Phone	757	
	SIGNATURE AND TYPED OR PRIN	IED NAME OF SIGNING MANAGING	MEMBER (	M MANAGER		Date	Daytime Phone		