FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90752 020 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30054881

DOCUMENT # L99000007473

1. Entity Name
2626 GOODLETTE ROAD ASSOCIATES, LLC

Principal Place of Business	Mailing Address
2150 GOODLETTE ROAD, SUITE 600 NAPLES, FL 34102	2150 GOODLETTE ROAD, SUITE 600 NAPLES, FL 34102

2. Principal Place of Business		3. Mailing Address	
3073 HORSESHOE DR So.		3073 HORSESHOE DR So.	
Suite, Apt. #, etc.: STE. 100		Suite, Apt. #, etc.: STE. 100	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34104	Country: USA	Zip: 34104	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 52-2207709 — Applied For / Not Applicable

5. Certificate of Status Desired X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE	MGR	☐ Change ☒ Addition
NAME	NATIONAL ASSISTED LIVING, INC.		NAME	LIBERTY SENIOR LIVING, INC.	
STREET ADDRESS	2150 GOODLETTE ROAD, SUITE 600		STREET ADDRESS	3073 HORSESHOE DRIVE South	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	STE. 100 NAPLES, FL 34104	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: [signature] Pres — 4/10/03 — 239-262-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Alan D. Parrish