

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000009097

1. Entity Name

RETIREMENT LIVING COMPANIES OF AMERICA, L.L.C.



Principal Place of Business

6465 N QUAIL HOLLOW
STE 400
MEMPHIS, TN 38120

Mailing Address

6465 N QUAIL HOLLOW
STE 400
MEMPHIS, TN 38120



04272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2519986

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L
CLARK & CAMPBELL, P.A.
500 SOUTH FLORIDA AVE STE 800
LAKELAND, FL 33801

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
TRAMMELL, CHARLES S
6465 N QUAIL HOLLOW RD #400
MEMPHIS, TN 38120

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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05/05/05-80143-004 50.00

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IN THIS SPACE**

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:

Charles Trammell

Charles Trammell Apr. 27, 2005 901-794-2598

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

Date

Daytime Phone #