


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

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| DOCUMENT # L99000009097 1. Entity Name RETIREMENT LIVING COMPANIES OF AMERICA, L.L.C. |  |
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| Principal Place of Business 6465 N QUAIL HOLLOW STE 400 MEMPHIS, TN 38120 | Mailing Address 6465 N QUAIL HOLLOW STE 400 MEMPHIS, TN 38120 |
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04222007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 58-2519986 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CLARK, RONALD L CLARK & CAMPBELL, P.A. 500 SOUTH FLORIDA AVE STE 800 LAKELAND, FL 33801 |
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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.

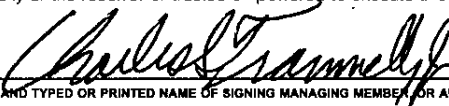
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|---|------|
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE |
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**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TRAMMELL, CHARLES S 6465 N QUAIL HOLLOW RD #400 MEMPHIS, TN 38120 |
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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.

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|---|--|---------------------|--------------------------------|
| SIGNATURE:  Charles Trammell, Jr. Apr.23,2007 (901)794-2598 | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|--|---------------------|--------------------------------|