2001	I UNIFORM BUSII	NESS REPOI	RT (UBI	3) Af	PRUST	<u></u>				
DOCUMENT # M000000870					FILED					
1. Entity Name SENIOR LIVING PROPERTIES-FAITH, LLC				OI API	OI APR 16 PM 3: 49 SECRETARY OF STATE MALLAHASSEE. FLORIDA					
Principal Plac	e of Business	Mailing Address		SECRI	TARY O	FLOO	ACIS			
SUITE A	MIE NIA	SUITE A								
NORTH PALM BEACH FL 33403 NORTH PALM BEACH FL 33403 Principal Place of Business 3. Mailing Address										
30 Suite, Apt.	U. Congress Ave	gress Au	<u>e</u>	D	O NOT V	VRITE IN TI	HIS SPACE			
Soite 30 Soite 30 City & State City & State				4. FEI Number 65-0995852 Applied For						
Boyst	on Beach, FC					Not Applicable Solutional State Region State Re				
33426	Country	334 <u>26</u>	UŠA	. 5. Certif	icate of Stat	us Desire	ed 🗆	Fee Require		
	6. Name and Address of Current Re	gistered Agent	Name	7. Name	and Addre	ss of Ne	w Register	ed Agent		
RI LIMBERGEXCELSIOR CORPORATE SERVICES, INC.										
4435 OLD WINTER GARDEN ROAD				et Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32811										
		City	FL Zip Code							
3. The above	named entity submits this statement for the	ne purpose of changing its re	gistered office or	registered agent, o	or both, in the	e State of	Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	titie if apolicable. (NOTE: F	legistered Agent signatu	re required when reinstating	ng)		DA	TE		
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÷ 11,	•		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of			-04/		01054		
).	MANAGING MEMBER	S/MEMBERS	10.			ADDITIO	NS/CHAN			
itle Iame Treet address	MGRM SENIOR LIVING MANAGEMENT -9250-ALTERNATE ATA SUITE A	☐ Delete		1301 N. Co	ngress	Ave	Suite 1	☑ Change	☐ Addition	
CITY-ST-ZIP	NORTH PALM BEACH FL 93403 MGRM		CITY-ST-ZIP	Boyston	Bench,	۳۷	3392	Change	☐ Addition	
ITLE NAME STREET ADDRESS STY-ST-ZIP	WANG, CHUAN S 802 PRIMA VERA ROAD GLENDORA CA 91740	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Criange	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	-MGRM HSU, ANDREW 714 WINTHROP ROAD SAN MARINO CA 91108	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	,			Change	☐ Addition	
ITLE IAME		☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition	
TITY-ST-ZIP, ITLE IAME TREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS					☐ Change	Addition	
DITY-ST-ZIP		Delete	CITY-ST-ZIP					☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS CITY-ST-ZIP		LI DELETE	NAME STREET ADDRESS CITY-ST-ZIP					Chango		

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

56/-735-0075 Daytime Phone #