

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000870

FILED
Mar 20, 2009
Secretary of State

Entity Name: SENIOR LIVING PROPERTIES-FAITH, LLC

Current Principal Place of Business:

4661 JOHNSON RD SUITE 7
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4661 JOHNSON RD SUITE 7
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-0995852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENIOR LIVING MANAGEMENT CORP.
4661 JOHNSON ROAD
SUITE 7
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SENIOR LIVING MANAGE, MENT CORP
Address: 4661 JOHNSON ROAD - SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: WANG, CHUAN S
Address: 802 PRIMA VERA ROAD
City-St-Zip: GLENDORA, CA 91740

Title: MGRM (X) Delete
Name: HSU, ANDREW
Address: 714 WINTHROP ROAD
City-St-Zip: SAN MARINO, CA 91108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WANG, CHUAN S
Address: 3901 NE 25 AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHUAN S WANG

MM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date