

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90090 010 ****50.00

DOCUMENT # M00000000974

1. Entity Name

THE LAKES ASSISTED LIVING, LLC

Principal Place of Business

**2025 1ST AVENUE, SUITE 890
SEATTLE WA 98121**

Mailing Address

**2025 1ST AVENUE, SUITE 890
SEATTLE WA 98121**

2. Principal Place of Business

2025 1st Avenue

Suite, Apt. #, etc.

890

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seattle WA

City & State

Zip

98121

Country

USA

Zip

Country

4. FEI Number

91-1834221

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BATY, DANIEL R	
STREET ADDRESS	3131 ELLIOT AVE., STE. 500	
CITY-ST-ZIP	SEATTLE WA 98121	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BATY, STANLEY L	
STREET ADDRESS	2025 1ST AVE., STE. 890	
CITY-ST-ZIP	SEATTLE WA 98121	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DANIEL R BATY

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

Date

Daytime Phone #

4/23/02 (206) 728-9063

CR2E083 (9/01)