

MO0000000974

REINSTATEMENT

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 30 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 600 University Street		3. Mailing Address 600 University Street	
Suite, Apt. #, etc. 2500		Suite, Apt. #, etc. 2500	
City & State Seattle, WA		City & State Seattle, WA	
Zip 98101	Country US	Zip 98101	Country US
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 9/26/03 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BATY, DANIEL R 3131 ELLIOT AVE., STE. 600 SEATTLE, WA 98121	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Baty, Daniel R 600 University St., Ste. 2500 Seattle, WA 98101	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BATY, STANLEY L 2025 1ST AVE., STE. 890 SEATTLE, WA 98121	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Baty, Stanley L 600 University St., Ste. 2500 Seattle, WA 98101	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: <u>X Muller Baty</u>		9/26/03 606)728-9063	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

BK 200023541372
10/03/03--01053--007 **55.00



☒ CHECK HERE IF MAKING CHANGES

REINSTATEMENT

2003

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10/03/03--01053--008 **100.00

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