

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000988

1. Entity Name

CCFL SENIOR LIVING LLC



Principal Place of Business

400 CENTRE ST
NEWTON, MA 02458

Mailing Address

400 CENTRE ST
NEWTON, MA 02458



04212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2300870

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, SUITE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
HEGARTY, DAVID J
400 CENTRE ST
NEWTON, MA 02458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HOADLEY, JOHN R
400 CENTRE ST
NEWTON, MA 02458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
CLARK, JENNIFER B
400 CENTRE ST
NEWTON, MA 02458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PORTNOY, BARRY M
400 CENTRE ST
NEWTON, MA 02458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, GERARD M
400 CENTRE ST
NEWTON, MA 02458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000155342
05/05/04-80033-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

John R. Hoadley
John R. Hoadley

4/29/04

Date

Daytime Phone #