
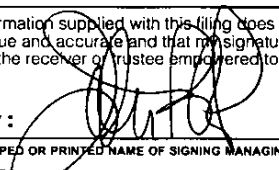


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90362 004 ****50.00

DOCUMENT # M00000001371					
1. Entity Name ARC MANAGEMENT, LLC.					
Principal Place of Business 111 WESTWOOD PLACE - SUITE 200 BRENTWOOD, TN 37027			Mailing Address 111 WESTWOOD PLACE - SUITE 200 BRENTWOOD, TN 37027		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 330 North Wabash			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1400			
City & State		City & State Chicago, IL		4. FEI Number 62-1812621	
Zip	Country	Zip 60611	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$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 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME AMERICAN RETIREMENT CORPORATION <input type="checkbox"/> Delete		TITLE MGRM	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 111 WESTWOOD PLACE - SUITE 200	CITY-ST-ZIP BRENTWOOD, TN 37027		STREET ADDRESS	CITY-ST-ZIP	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE 	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: By: 		John P. Rijos, Co-President 04/10/07 312/977-3700			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		