2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3001 KEITH STREET

3. Mailing Address

City & State

Suite, Apt. #, etc.

CLEVELAND TN 37312

DOCUMENT # M0000001670

1. Entity Name

3001 KEITH STREET

CLEVELAND TN 37312

Principal Place of Business

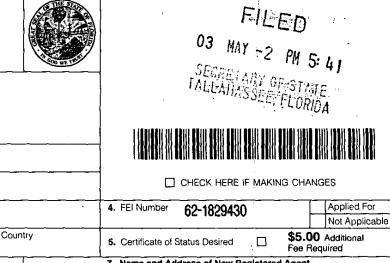
2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

ORLANDO ASSISTED LIVING INVESTORS, LLC



C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Country

7. Name and Address of New Registered Agent							
Name							
Street Address (P.O. Box Number is Not Ac	ceptable)					
							
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

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

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State

Due by May 1, 2003										
9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3001 KEITH STREET CLEVELAND TN 37312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 05/0	0 0017 2/030100	' 953 2 ¹³⁰²⁷	Change :53 **50.00	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3001 KEITH STREET CLEVELAND TN 37312	□ Delete `	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK			☐ Change	Addition]		
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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: NAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03

(423) 473 - 5868