

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0070635

DOCUMENT # M00000001673

1. Entity Name

OCALA ASSISTED LIVING INVESTORS, LLC



FILED

03 APR 10 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3001 KEITH STREET
CLEVELAND TN 37312

Mailing Address

3001 KEITH STREET
CLEVELAND TN 37312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1829158

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

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR PRESTON, FORREST L ☐ Delete
STREET ADDRESS 3570 KEITH ST.
CITY-ST-ZIP CLEVELAND TN 37312

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500015643895
CITY-ST-ZIP 04/10/03--01041--008 **50.00

TITLE NAME V WAGER, RICHARD J ☒ Delete
STREET ADDRESS 3570 KEITH STREET
CITY-ST-ZIP CLEVELAND TN 37312

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME AS THURMOND, JOAN E ☐ Delete
STREET ADDRESS 3570 KEITH ST.
CITY-ST-ZIP CLEVELAND TN 37312

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ST CLAYTON, ANGELENA Y ☐ Delete
STREET ADDRESS 3570 KEITH ST.
CITY-ST-ZIP CLEVELAND TN 37312

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM CROSS, CINDY S ☐ Delete
STREET ADDRESS 3570 KEITH ST.
CITY-ST-ZIP CLEVELAND TN 37312

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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.

Ocala Assisted Living Investors, LLC

SIGNATURE: By: *Joan E. Thurmond* Joan, E. Thurmond, Assistant Secretary (423) 473-5868

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

Date

Daytime Phone #

CR2E083 (10/02)