

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90138 022 \*\*\*\*50.00

**DOCUMENT # M00000002243**

1. Entity Name  
ALR CAMBRIDGE, LLC



Principal Place of Business  
29425 CHAGRIN BOULEVARD, SUITE 213  
BEACHWOOD, OH 44122

Mailing Address  
29425 CHAGRIN BOULEVARD, SUITE 213  
BEACHWOOD, OH 44122

**24063873**



2. Principal Place of Business  
4835 Manor Court

3. Mailing Address  
501 Chardon-Windsor Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-LLC CR2E083 (10/03)

City & State  
Cape Coral, Florida

City & State  
Chardon, Ohio

4. FEI Number  
34-1937515

Applied For  
Not Applicable

Zip  
33904-9510

Country  
USA

Zip  
44024

Country  
USA

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

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ASSISTED LIVING RESIDENCES, L.L.C.  
29425 CHAGRIN BLVD., SUITE 213  
BEACHWOOD, OH 44122 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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NAME  
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☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
501 Chardon-Windsor Road  
Chardon, Ohio 44024 ☒ Change ☐ Addition

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

TITLE  
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☐ 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 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

**X 04-29-04**