

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000002243



1. Entity Name
ALR CAMBRIDGE, LLC

Principal Place of Business
4835 MANOR CT C
CAPE CORAL, FL 33904-9510

Mailing Address
501 CHARDON WINDSOR RD.
CHARDON, OH 44024



07112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1937515

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

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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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ASSISTED LIVING RESIDENCES, L.L.C.
501 CHARDON-WINDSOR RD.
CHARDON, OH 44024

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CITY-ST-ZIP

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07/22/05-80013-008 50.00

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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)(f), 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

Date

Daytime Phone #

7-14-05 440 286 2277