

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90049 030 ****50.00

DOCUMENT # M01000000065

1. Entity Name
**INTEGRATED LIVING COMMUNITIES OF WEST PALM
BEACH, L.L.C.**



Principal Place of Business
**5102 WEST LAUREL STREET
SUITE 700
TAMPA, FL 33607**

Mailing Address
**ATTN: TARA VENERACION
1050 CONNECTICUT AVENUE NW
WASHINGTON, DC 20036**

20002771



DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
52-1968576

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERGUSON, THOMAS D 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCESNEY, JOSEPHINE 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/13/06