

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007

Chg-LLC

CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

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 reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
ROTHENBERG, STUART M
STREET ADDRESS
85 BROAD STREET
CITY- ST- ZIP
NEW YORK, NY 10004 ☒ Delete

TITLE
NAME
MGR
Thilo D. Best
STREET ADDRESS
5102 W. Laurel St., Suite 700
CITY- ST- ZIP
Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
MGR
FERGUSON, THOMAS D
STREET ADDRESS
100 CRESCENT COURT, SUITE 1000
CITY- ST- ZIP
DALLAS, TX 75201 ☒ Delete

TITLE
NAME
MGR
Jon A. DeLuca
STREET ADDRESS
5102 W. Laurel St., Suite 700
CITY- ST- ZIP
Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
MGR
SCESNEY, JOSEPHINE
STREET ADDRESS
85 BROAD STREET
CITY- ST- ZIP
NEW YORK, NY 10004 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500101702365
05/07/07--01018--001 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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: Jon A. DeLuca

April 12, 2007

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

Date

Daytime Phone #