

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000000067

FILED  
Apr 17, 2003  
Secretary of State

**Entity Name:** INTEGRATED LIVING COMMUNITIES OF ST. PETERSBURG, L.L.C.

**Current Principal Place of Business:**

HORIZON BAY SENIOR COMMUNITIES  
111 E. WACKER DR., STE. 2450  
CHICAGO, IL 60601

**New Principal Place of Business:**

896 73RD AVENUE NORTH  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

HORIZON BAY SENIOR COMMUNITIES  
111 E. WACKER DR., STE. 2450  
CHICAGO, IL 60601

**New Mailing Address:**

C/O HORIZON BAY MANAGEMENT  
5102 W LAUREL STREET/STE 700  
TAMPA, FL 33607

FEI Number: 65-0717442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: INTEGRATED LIVING CO, MMUNITIES, L.L . C.  
Address: 111 E. WACKER DR., SUITE 2450  
City-St-Zip: CHICAGO, IL 60601

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: INTEGRATED LIVING CO, MMUNITIES, L.L . C.  
Address: 5102 W LAUREL STREET/STE 700  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 DELUCA

CFO

04/17/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date