


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000068 1. Entity Name INTEGRATED LIVING COMMUNITITES OF SARASOTA, L.L.C.					
Principal Place of Business 5102 WEST LAUREL STREET SUITE 700 TAMPA, FL 33607			Mailing Address ATTN: TARA VENERACION 1050 CONNETICUT 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	4. FEI Number 59-1835706	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 STREET ADDRESS CITY - ST - ZIP	MGR ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Thilo D. Best 5102 W. Laurel St., Suite 700 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCESNEY, JOSEPHINE 85 BROAD STREET NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Jon A. DeLuca 5102 W. Laurel St., Suite 700 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERGUSON, THOMAS D 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete		<div style="text-align: center;"> 900101702249 05/07/07--01014--025 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: <u>Jon A. DeLuca</u>				April 12, 2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

FILED
 07 APR 24 AM 8:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK



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