2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

in a factor

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

SIGNATURE:

FILED DOCUMENT # M0100000068 08 FEB 14 AM 11: 27 INTEGRATED LIVING COMMUNITITES OF SARASOTA. L.L.C. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 5427 BAY CENTER DR, SUITE 600 5427 BAY CENTER DR, SUITE 600 TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business - No P.O. Box # Mailing Address 5426 Bay Center Drive 5426 Bay Center Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-LLC CR2E083 (12/06) 600 City & State Tampa, FL City & State 4. FE! Number Applied For Tampa, FL 59-1835706 Not Applicable Country USA Zip ^{Zip} 33609 Country \$5.00 Additional 33609 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama **CT CORPORATION SYSTEM** 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. 80x Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when renstating) DATE a Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Change TITLE TITLE Addition Delete BEST, THILO D NAME NAME 5426 Bay Center Drive Suite 600 STREET ADDRESS STREET ADORESS 5102 W. LAUREL STREET, SUITE 700 TAMPA, FL 33607 Tampa, Florida 33609 CITY-ST-ZIE CITY - ST - ZIP MGR Change ☐ Addition TITLE ☐ Delete TITLE NAME DELUCA, JON A NAME 5426 Bay Center Drive Suite 600 5102 W. LAUREL STREET, SUITE 700 STREET ADDRESS STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP Tampa, Florida 33609 CITY-ST-ZIP ☐ Change ☐ Addition IME Delete TITLE 000118150160 NAME STREET ADDRESS 02/15/08--01039--018 **138.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TO F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change **I**M 6 TITLE De lete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE TITLE C Delete NAME NAME **▲**STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

83.287. 3902