

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001115

FILED
Apr 23, 2009
Secretary of State

Entity Name: TUSKAWILLA RETIREMENT RESIDENCE LLC

Current Principal Place of Business:

2250 MCGILCHRIST ST. SE
SALEM, OR 97302

New Principal Place of Business:

Current Mailing Address:

PO BOX 14111
ATTN: DEBBIE PARSONS
SALEM, OR 97309

New Mailing Address:

PO BOX 14111
ATTN: LEAH KUOR
SALEM, OR 97309

FEI Number: 93-1318776

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/MANAGERS:

Title: MGR () Delete
Name: HARVEST MANAGING MEMBER I LLC
Address: 2250 MCGILCHRIST ST. SE
City-St-Zip: SALEM, OR 97302

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEAH R. KUOR

AGNT

04/23/2009

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