
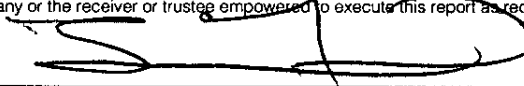


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M01000001284</b>		
1. Entity Name <b>SSA TALLAHASSEE ALF, LLC</b>		
Principal Place of Business <b>3901 S FIFE ST SUITE 300 TACOMA, WA 98409</b>		Mailing Address <b>3901 S FIFE ST SUITE 300 TACOMA, WA 98409</b>
2. Principal Place of Business <b>1102 COMMERCE ST</b>		3. Mailing Address <b>1102 COMMERCE ST</b>
Suite, Apt. #, etc. <b>500</b>		Suite, Apt. #, etc. <b>500</b>
City & State <b>TACOMA, WA</b>		City & State <b>TACOMA, WA</b>
Zip <b>98402</b>		Zip <b>98402</b>
Country		Country
4. FEI Number <b>91-2108535</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>MCKIBBEN, R B JR 1301 MICCOSUKEE RD TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FIELD, LEE 3901 S FIFE ST SUITE 300 TACOMA, WA 98409</b> <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>1102 COMMERCE ST # 500 TACOMA, WA 98402</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date <b>7/12/04</b> Daytime Phone # <b>253-474-0425</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		



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