
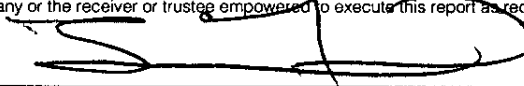


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



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