


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000001284  
 1. Entity Name  
 SSA TALLAHASSEE ALF, LLC



Principal Place of Business 1102 COMMERCE ST. #500 TACOMA, WA 98402	Mailing Address 1102 COMMERCE ST. #500 TACOMA, WA 98402
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**DO NOT WRITE IN THIS SPACE**



01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number 91-2108535	Applied For 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

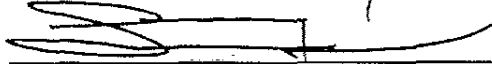
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIELD, LEE 1102 COMMERCE ST. TACOMA, WA 98402
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 01/21/05-80068-005 100.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 1/5/05 DAYTIME PHONE #: 253-474-0425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE