
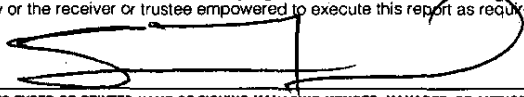


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M01000001285</b> 1. Entity Name <b>SSA PENSACOLA 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> Suite, Apt. #, etc. <b>500</b>		3. Mailing Address <b>1102 COMMERCE ST</b> Suite, Apt. #, etc. <b>500</b>	
City & State <b>TACOMA, WA</b> Zip <b>98402</b>		City & State <b>TACOMA, WA</b> Zip <b>98402</b>	
Country 		Country 	
4. FEI Number <b>91-2108534</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<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	MGRM FIELD, LEE 3901 S FIFE ST SUITE 300 TACOMA, WA 98409 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>1102 COMMERCE ST #500 TACOMA, WA 98402</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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.			
<b>SIGNATURE:</b> 		Date <b>7/12/04</b> Daytime Phone # <b>2534740425</b>	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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