2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M01000001285

1. Ergity Name SSA PENSACOLA ALF, LLC



Principal Place of Business

1102COMMERCEST.

#500 TACOMA,WA98402 Mailing Address

1102COMMERCEST.

#500

DO NOT WRITE IN THIS SPACE

TACOMA WA98402

FILED Mar 15, 2006 8:00 am Secretary of State

03-15-2006 90024 030 ****50.00



 \Box

01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 91-2108534 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKIBBEN, R B JR 1301 MICCOSUKEE RD TALLAHASSEE, FL 32308

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8. The	e above obligat	named entity submits this statement for the ions of registered agent.	ne purpose of changing	ng its registered	d office or registe	ered agent, or	both, in the S	tate of Florida.	I am familiar v	vith, and accept
SIGNA	ATURE_	Signature, typed or printed name of registered agent and	I title if applicable.	(NOTE: Registered	Agent signature require	ed when reinstating)			DATE	
		<u> </u>								

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELD, LEE BROAD MORE SERIOR SERVICES, LC 1102 COMMERCE ST. TACOMA, WA 98402							
NAME STREET ADDRESS CITY-ST-ZIP	<i>:</i>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

253-474.0425