

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001668

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** ELMCROFT ASSISTED LIVING, LLC

**Current Principal Place of Business:**

4801 OLYMPIC PARK PLAZA  
SUITE 1400  
LOUISVILLE, KY 40241

**New Principal Place of Business:**

**Current Mailing Address:**

4801 OLYMPIC PARK PLAZA  
SUITE 1400  
LOUISVILLE, KY 40241

**New Mailing Address:**

**FEI Number:** 58-2634768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, GARY A SR  
Address: 4801 OLYMPIC PARK PLAZA, STE. 1400  
City-St-Zip: LOUISVILLE, KY 40241

Title: MGRM ( ) Delete  
Name: SCHOEPP, ANDY L  
Address: 1140 OLD PEACHTREE RD., STE. E  
City-St-Zip: DULUTH, GA 30097

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: D. AARON DEAN

OFF

04/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date