

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90015 050 ****50.00

DOCUMENT # MO1000001668

1. Entity Name

ELMCROFT ASSISTED LIVING, LLC



Principal Place of Business

**1140 OLD PEACHTREE RD., STE. E
DULUTH GA 30097**

Mailing Address

**4801 OLYMPIC PARK PLAZA, STE. 1400
LOUISVILLE KY 40241**

10104501



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**4801 Olympic Park Plaza Ste 1400
Suite, Apt. #, etc.
1400**

Suite, Apt. #, etc.

City & State

City & State

Louisville, Ky

Zip

Zip

Country

Country

40241

USA

4. FEI Number **APPLIED FOR**
58-2634768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

NA

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

NA No Change

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SMITH, GARY A SR
4801 OLYMPIC PARK PLAZA, STE. 1400
LOUISVILLE KY 40241** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SCHOEPP, ANDY L
1140 OLD PEACHTREE RD., STE. E
DULUTH GA 30097** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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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)(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:

SIGNATURE REQUIRED

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

5-7-03

Date

582 425 0544

Daytime Phone #

CR2E083 (10/02)