2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 02, 2004 8:00 am Secretary of State DOCUMENT # M03000000336 02-17-2004 90196 010 ****50.00 1. Entity Name DES MOINES RETIREMENT CENTER, L.L.C. Principal Place of Business: Mailing Address UUUUUUUU 5709 125TH LANE, NE KIRKLAND WA 98033 5709 125TH LANE, NE KIRKLAND WA 98033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apl. #, etc. MOORE CR2E083 (11/03) 4. FEI Numbe City & State City & State Applied For Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired U5A USA 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 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered against and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TIME ☐ Delete TITLE ☐ Change Addition MAY. WHITE GINGER NAME NAME STREET ADDRESS 5709 125TH LANE, NE STREET ADDRESS KIRKLAND WA 98033 CATY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition TITLE TITLE ☐ Change MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIRE ☐ Change ☐ Addition 'NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete me Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete DRE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP 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 thy signature shall have the same legal effect as if made under oath; that f am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED