2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90055 039 ****50.00

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1. Entity Name
DES MOINES RETIREMENT CENTER, L.L.C.

Principal Place of Business	Mailing Address
5709 125TH LANE, NE KIRKLAND, WA 98033	5709 125TH LANE, NE KIRKLAND, WA 98033

01032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
19548 - 189th PL. NE	19548 - 189th PL. NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Woodinville, WA	City & State: Woodinville, WA
Zip: 98077 Country: USA	Zip: 98077 Country: USA

4. FEI Number 91-1821403 ☐ 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 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WHITE, GINGER 5709 125TH LANE, NE KIRKLAND, WA 98033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. White, Ginger 19548 189th PL. NE. Woodinville, WA. 98077	☑ Change ☐ Addition
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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: Ginger White, Mgr. 1/4/05 425-788-7886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #