

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001178

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** DIAMOND SENIOR LIVING-ISLAND LAKE, LLC

**Current Principal Place of Business:**

44 OLD RIDGEBURY RD  
ATTN: GE HEALTHCARE FINANCIAL SERVICES  
DANBURY, CT 06810

**New Principal Place of Business:**

2 BETHESDA METRO CTR., STE. 600  
ATTN: GE HEALTHCARE FINANCIAL SERVICES  
BETHESDA, MD 20814

**Current Mailing Address:**

C/O GE HEALTHCARE FIN. SVCS - D. SANDERS  
500 WEST MONROE STREET  
CHICAGO, IL 60661

**New Mailing Address:**

**FEI Number:** 90-0067334      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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  
**Name:** DIAMOND SENIOR LIVING, LLC  
**Address:** 44 OLD RIDGEBURY RD  
**City-St-Zip:** DANBURY, CT 06810

I hereby 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: DIAMOND SENIOR LIVING, LLC

MGRM

05/01/2010

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