2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# M03000001180

Entity Name: PIKESVILLE ASSISTED LIVING, LLC

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 32802

New Mailing Address:

450 S. ORANGE AVE.
SUITE 200, ATTN: AMY PATTERSON
ORLANDO, FL 32801

FEI Number: 54-1770747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PATTERSON, AMY J
450 S. ORANGE AVE.
SUITE 200
ORLANDO, FL 32801 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: AMY J. PATTERSON 02/17/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CNL RETIREMENT PC2,, LLC
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: THOMAS J. HUTCHISON, III, PRES OF MGR MGR 02/17/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date