

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001180

FILED
Mar 07, 2006
Secretary of State

Entity Name: PIKESVILLE ASSISTED LIVING, LLC

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

420 S. ORANGE AVE.
SUITE 500
ORLANDO, FL 32801

Current Mailing Address:

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

New Mailing Address:

420 S. ORANGE AVE.
SUITE 500
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:

PATTERSON, AMY J
450 S. ORANGE AVE.
SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PATTERSON, AMY J
420 S. ORANGE AVE.
SUITE 500
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:

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CNL RETIREMENT PC2,, LLC
Address: 420 S. ORANGE AVE., SUITE 500
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PHILLIP M. ANDERSON

MGR

03/07/2006

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