

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001752

1. Entity Name

SARASOTA RETIREMENT RESIDENCE LLC



Principal Place of Business

**2250 MCGILCHRIST STREET SE
SALEM, OR 97302**

Mailing Address

**2250 MCGILCHRIST STREET SE
SALEM, OR 97302**



01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0882831

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

110008456112
03/16/06-00013-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BATY, DANIEL R
3131 ELLIOTT AVENUE, SUITE 500
SEATTLE, WA 98121**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BRENDEN, NORMAN L
P.O. BOX 14111
SALEM, OR 97309**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
COLSON, WILLIAM E
P.O. BOX 14111
SALEM, OR 97309**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
THORN, BRUCE D
P.O. BOX 14111
SALEM, OR 97309**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-13-06

603-370-7071