

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001752

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** SARASOTA RETIREMENT RESIDENCE LLC

**Current Principal Place of Business:**

2250 MCGILCHRIST STREET SE  
SALEM, OR 97302

**New Principal Place of Business:**

**Current Mailing Address:**

2250 MCGILCHRIST STREET SE  
SALEM, OR 97302

**New Mailing Address:**

2250 MCGILCHRIST STREET SE  
ATTN: LEGAL DEPARTMENT  
SALEM, OR 97302

**FEI Number:** 20-0882831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:** MGR  
**Name:** HARVEST MANAGING MEMBER II LLC  
**Address:** 2250 MCGILCHRIST STREET SE  
**City-St-Zip:** SALEM, OR 97302

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:** LEAH R. KUOR, AUTHORIZED AGENT

AGNT

04/25/2011

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