

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004170

1. Entity Name
DELTONA RETIREMENT RESIDENCE LLC



Principal Place of Business
2250 MCGILCHRIST STREET SE
SALEM, OR 97302

Mailing Address
2250 MCGILCHRIST STREET SE
SALEM, OR 97302



01272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1399361

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRENDEN, NORMAN L
STREET ADDRESS	P.O. BOX 14111
CITY-ST-ZIP	SALEM, OR 97309
TITLE	MGR
NAME	COLSON, WILLIAM E
STREET ADDRESS	P.O. BOX 14111
CITY-ST-ZIP	SALEM, OR 97309
TITLE	MGR
NAME	BATY, DANIEL R
STREET ADDRESS	3131 ELLIOTT AVENUE, SUITE 500
CITY-ST-ZIP	SEATTLE, WA 98121
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 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 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 #

2-18-05

503/526-7209