

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90209 001 ***150.00

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1. Entity Name
BOYNTON BEACH RETIREMENT RESIDENCE LLC



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

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

30000464



01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2490727

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**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BRENDEN, NORMAN L
2250 MCGILCHRIST STREET SE
SALEM, OR 97302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
COLSON, WILLIAM E
2250 MCGILCHRIST STREET SE
SALEM, OR 97302**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
THORN, BRUCE D
2250 MCGILCHRIST STREET SE
SALEM, OR 97302**

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

1-13-06

Date

503-370-7011

Daytime Phone #