

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000001147

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** EC TIMBERLIN PARC OPERATIONS, LLC

**Current Principal Place of Business:**

C/O SENIOR CARE (US), INC.  
9510 ORMSBY STATION RD  
LOUISVILLE, KY 40223

**New Principal Place of Business:**

C/O SENIOR CARE (US), INC.  
9510 ORMSBY STATION RD #101 ATTN LEGAL  
LOUISVILLE, KY 40223

**Current Mailing Address:**

C/O SENIOR CARE (US), INC.  
9510 ORMSBY STATION RD  
LOUISVILLE, KY 40223

**New Mailing Address:**

C/O SENIOR CARE (US), INC.  
9510 ORMSBY STATION RD #101 ATTN LEGAL  
LOUISVILLE, KY 40223

**FEI Number:** 20-4598408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:** CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MULLOY, W. PATRICK  
**Address:** 9510 ORMSBY STATION RD  
**City-St-Zip:** LOUISVILLE, KY 40223

**Title:** MGR  
**Name:** WESLEY, J. TIMOTHY  
**Address:** 9510 ORMSBY STATION RD  
**City-St-Zip:** LOUISVILLE, KY 40223

**Title:** MGR  
**Name:** BARBER, ROBIN  
**Address:** 9510 ORMSBY STATION RD  
**City-St-Zip:** LOUISVILLE, KY 40223

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:** ROBIN L. BARBER

VP

02/22/2011

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