


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

6074  
**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # M06000004699</b><br>1. Entity Name<br>ARAMARK SENIOR LIVING SERVICES, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2300 WARRENVILLE ROAD<br>DOWNERS GROVE, IL 60515 | Mailing Address<br>2300 WARRENVILLE ROAD<br>DOWNERS GROVE, IL 60515 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-LLC

CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-0648583                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>ARAMARK HEALTHCARE SUPPORT SERVICES, INC.<br>1101 MARKET STREET<br>PHILADELPHIA, PA 19107 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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05/24/07-80070-016 50.00

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:**  **4/30/2007** **215-238-3162**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ALEXANDER R. MARINO, VICE PRESIDENT