

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005224

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** ARDEN COURTS OF FT. MYERS FL, LLC

**Current Principal Place of Business:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604

**New Principal Place of Business:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**Current Mailing Address:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604

**New Mailing Address:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

FEI Number: 26-0625314

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: MGRM  
Name: HCR III HEALTHCARE, LLC  
Address: 333 N. SUMMIT STREET  
City-St-Zip: TOLEDO, OH 43604 US

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: LAURA LOUIS

POA

04/09/2011

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