

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000777

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** PALM COAST RETIREMENT RESIDENCE LLC

**Current Principal Place of Business:**

2250 MCGILCHRIST ST. SE  
LEGAL DEPARTMENT  
SALEM, OR 97302

**New Principal Place of Business:**

5885 MEADOWS RD., SUITE 500  
ATTN: LEGAL DEPARTMENT  
LAKE OSWEGO, OR 97035 US

**Current Mailing Address:**

2250 MCGILCHRIST ST. SE  
LEGAL DEPARTMENT  
SALEM, OR 97302

**New Mailing Address:**

PO BOX 1700  
ATTN: LEGAL DEPARTMENT  
LAKE OSWEGO, OR 970358646 US

**FEI Number:** 26-1951921

**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: MGR  
Name: HARVEST PALM COAST MEMBER LLC  
Address: 5885 MEADOWS RD., SUITE 500  
City-St-Zip: LAKE OSWEGO, OR 97035

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: HARVEST PALM COAST MEMBER LLC

MGR

04/10/2012

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