## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002190

Entity Name: PALM COAST SENIOR LIVING, LLC

**FILED** Mar 31, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7309 E. 21ST STREET, STE. 110 7309 E. 21ST STREET N WICHITA, KS 67206 STE 110

WICHITA, KS 67206

**Current Mailing Address: New Mailing Address:** 

7309 E. 21ST STREET, STE. 110 7309 E. 21ST STREET N WICHITA, KS 67206 STE 110

WICHITA, KS 67206

FEI Number: 26-2456394 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WAGNER, E. JOHN II 200 S. ORANGE AVENUE SARASOTA, FL 342356749 US

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: ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition () Delete

**BUCHANAN, TIMOTHY** FLORIDA REIT, LLC, Name: Name:

Address: 7309 E. 21ST STREET, STE. 110 Address: 7309 E. 21ST STREET, STE. 110 City-St-Zip: WICHITA, KS 67206 WICHITA, KS 67206

City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

Name: RUSSELL, PETER Name: Address: 269 S. OSPREY AVENUE, STE. 200 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY J BUCHANAN **MGRM** 03/31/2009