

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003090

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** LAKEWOOD MEMORY CARE, LLC

**Current Principal Place of Business:**

8415 E. 21ST STREET NORTH, SUITE 100  
WICHITA, KS 67206

**New Principal Place of Business:**

**Current Mailing Address:**

8415 E. 21ST STREET NORTH, SUITE 100  
WICHITA, KS 67206

**New Mailing Address:**

FEI Number: 30-0688073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOPKINS, F. THOMAS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 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: BUCHANAN, TIMOTHY J  
Address: 8415 E. 21ST STREET NORTH, SUITE 100  
City-St-Zip: WICHITA, KS 67206

Title: MGR  
Name: RUSSELL, STEPHEN D  
Address: 1800 2ND STREET, SUITE 717  
City-St-Zip: SARASOTA, FL 34236

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: STEPHEN D. RUSSELL

MGR

04/11/2012

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