

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005436

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

**Entity Name:** SPRING VIEW SENIOR LIVING, LLC

**Current Principal Place of Business:**

11101 S CROWN WAY  
SUITE 5  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11101 S CROWN WAY  
SUITE 5  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 45-3687776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAPIRO, COLLEEN STACY  
11101 S CROWN WAY  
SUITE 5  
WELLINGTON, FL 33414 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: SHAPIRO, GARY L  
Address: 11101 S CROWN WAY, SUITE 5  
City-St-Zip: WELLINGTON, FL 33414

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: GARY L. SHAPIRO

MGR

04/10/2012

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