## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 MAR 14 AM 10: 18

1 Name and Making Address of Umited Liability Company DOCUMENT #M9600000037  PARKSIDE SENIOR SERVICES, L. J., C. 205 W. TOUHY AVENUE PARK RIDGE IL 60068  Hallowe making address is incorrect in any way. line through Incorrect Information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailling Address Surie, Apt. #, etc.  City & State  City & State  City & State  Country  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  THE PRENTICE:—HALL CORPORATION SYSTEM, 12.01 HAYS STREET  City & STATEST  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Suite, Apt. #, etc.  City  City  City  City  City  City  Suite, Apt. #, etc.  City  Ci	1001							<u>_</u>	SECRETARY OF A TANK			
1 Name and Address of Country PARKSIDE SENIOR SERVICES, L.I.C. 205 W. TOUHY AVENUE PARK RIDGE 1L 60068  1 Is brive making address in incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business Address  1 Is Principal Place of Business Address  1 Is Principal Place of Business Address  1 Is Principal Place of Business Address  205 W. TOUHY AVENUE PARK RIDGE 1L 60068  1 Is above making address in incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business  2 Is a Mailing Address  2 Is a Mailing Address  2 Is a Date Organized or Qualified Sa. State of Formation  2 / 01 / 1996  1 Is Principal Place of Business Address  3 Date Organized or Qualified Sa. State of Formation  2 / 01 / 1996  1 Is A FEI Number  3 Country  4 FEI Number  5 Date of Last Report  5 Certificate of Status Desired  5 Certificate of Status Desired  5 Date of Last Report  5 Certificate of Status Desired  5 Date of Last Report  5 Certificate of Status Desired  5 Certificate of Status Desired  5 Date of Last Report  5 Certificate of Status Desired  5 Date of Last Report  6 Certificate of Status Desired  5 Date of Last Report  6 Certificate of Status Desired  5 Date of Last Report  7 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  6 Certificate of Status Desired  5 Date of Last Report  6 Certificate of Status Desired  5 Date of Last Report  7 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  8 Certificate of Status Desired  5 Date of Last Report  6 Certificate of Status Desired  5 Date of Last Report  6 Certificate of Status Desired  7 Date of Last								TALLAHASSEE, EL ODIDA				
PARK SIDE SENIOR SERVICES, L.I.C. 205 W. TOUHY AVENUE PARK RIDGE IL 60068  If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a  2 Principal Place of Business  2a. Mailing Address  2a. Mailing Address  3. Date Organized or Qualified  4. FEI Number  2/01/1996  1.4  4. FEI Number  Applied For City & State  City & State  City & State  City & State  Country  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name 7. Name and Address of Current Registered Agent  7. Name 7. Name and Address of Current Registered Agent  7. Name 7. Name and Address of Name Registered Agent  Name 7. Name 7. Name and Address of Name Registered Agent  Name 7. Name 7. Name and Address of Name Registered Agent  Name 7. Name 7. Name and Address of Name Registered Agent  Name 7. Name 7. Name and Address of Name Registered Agent  Name 7. Name 8. Name and Address of Name Registered Agent  Name 7. Name 8. Name and Address of Name Registered Agent  Name 7. Name and Address of Name Registered Agent  Name 8. Variously to the provisions of Sections 808.416 and 808.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. In hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  10. Title Managing Members/Managers  10. Title Managing Members/Managers  10. Title Managing Members/Managers  11. L.I.C.  12. Date 12. Date 13. Date of Country 14. FEI Number 15. Date of Last Report 15. Date of Last Report 16. Certificate of Status Desired 17. Not Applications 18. Certificate of Status Desired 18. Certificate of Status Desired 19. Country 19. Country 19. Date 1					ļ		1002411	LUKIDA				
PARKSIDE SENIOR SERVICES, L.I., C. 205 W. TOUHY AVENUE PARK RIDGE IL 60068    Hill above mailing address is incorrect in any way. line through incorrect information and enter correction in Block 2s   Park Ridge IL 60068    Hill above mailing address is incorrect in any way. line through incorrect information and enter correction in Block 2s   Park Ridge IL 60068   Suite, Apt. 8, etc.	Name a     of Limit	and Mailing Add ted Liability Cor	dress DOCI	JMENT								
205 W. TOUHY AVENUE PARK RIDGE IL 60068  Richard Ridge	PARKSIDE SENIOR SERVICES I. I. C							1a. Principal Place of Business Address				
PARK RIDGE IL 60068  PARK RID 60068  PARK RIDGE IL 60068  PARK RIDGE IL 60068  PARK RIDGE IL								DOS W TOTTHY AVENUE				
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2 Principal Place of Business  2a. Mailing Address  3. Date Organized of Qualified  3b. State of Formation  2/01/1996  1.												
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Surie, Apr. #, etc.    Applied For   City & State   City & State   City & State   Applied For   Appl								3. Date Organize	d or Qualified	3a. State 0	of Formation	
Surie, Apr. #, etc.    Applied For   City & State   City & State   City & State   Applied For   Appl								h2/01/199	36	T.T.	ļ	
7: Name and Address of Current Registered Agent  7: Name and Address of Current Registered Agent  7: Name and Address of Current Registered Agent  8: Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  9: Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, and accept the obligations.  Signature  (Registered Agent Apportment) (Note Registered Agent spnature required when renstating)  DATE  (Registered Agent Apportment) (Note Registered Agent spnature required when renstating)  DATE  (Registered Agent Agent Ancepting Apportment) (Note Registered Agent spnature required when renstating)	Suite, Apt. #, etc.			Suite, Apl	Suite, Apt. #, etc.			4 FEI Number				
7:p Country Zip Country 5. Date of Last Report 6. Certificate of Status Desired \$2.5. Additional Fee Required X  7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name  PRENTUCE:-HALL CORPORATION SYSTEM, 1201 HAYS STREET  PALL-AHASSEE F1. 32301  Suite, Apt. #, etc.  City Zip Code  9. Pursuant to the provisions of Sections 508.416 and 508.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE (Registered Agent Accepting Apportment) (NOTE Registered Agent signature required when remaining)  DATE  (Registered Agent Accepting Apportment) (NOTE Registered Agent signature required when remaining)  DATE  (The Managing Members/Managers Business Street Address City, State and Zip Code	City & State			City & Sta	City & State			-  		ļ	Not Applicable	
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  THE PRENTJCE-HALL CORPORATION SYSTEM, 1201 HAYS STREET  City  Street Address (P.O. Box Number is Not Acceptable)  9. Pursuant to the provisions of Sections 608 416 and 608 508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  ((Augustered Agent Accepting Apportment) (NOTE Registered Agent signature required when rendatating)  10. Title Managing Members/Managers  Business Street Address  City, State and Zip Code								l .		6. Certifica	<u> </u>	
7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  PRENTICE:-HALL CORPORATION SYSTEM, 1201 HAYS STREET  PALLAHASSEE F1. 32301  Sulte, Apt. #, etc.  City  City  Lip Code  PL  Sup Code  PL  Sup Code  Sulte, Apt. #, etc.  City  DATE  (Registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Apportment) (NOTE Registered Agent signature required when reinstating)  10. Title  Managing Members/Managers  Business Street Address  City, State and Zip Code	Zip		Country	Ζip	['	Country	у .		,	i	j	
Name  THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET  TALLAHASSEE F1, 32301  Sulte, Apt. #, etc.  City  Zip Code  FL.  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited flability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)  DATE  (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)		7 Name	and Address of Currer	of Registered	Agent			R. Name and Add	race of New De			
Street Address (P.O. Box Number Is Not Acceptable)  Street Address (P.O. Box Number Is Not Acceptable)  Sulte, Apt. #, etc.  City  PL  Sign Code  Sulte, Apt. #, etc.  City  PL  Sup Code  Pursuant to the provisions of Sections 608.416 and 808.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  (Hougistered Agent Accepting Apportment) (NOTE Registered Agent signature required when reinstating)  DATE  (Hougistered Agent Accepting Apportment) (NOTE Registered Agent signature required when reinstating)  Title Managing Members/Managers  Business Street Address  City, State and Zip Code		7. 110/110	and Addition of Carter	it trogistorou	- Agolit		Name					
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR WHITED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Michael S. McCarthy

3-03-97 Date (847) 698-853b