


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90025 016 \*\*\*\*50.00

<b>DOCUMENT # M97000000508</b> 1. Entity Name <b>ERICKSON RETIREMENT COMMUNITIES, LLC</b>					
Principal Place of Business <b>701 MAIDEN CHOICE LANE BALTIMORE, MD 21228</b>			Mailing Address <b>701 MAIDEN CHOICE LANE BALTIMORE, MD 21228</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>52-2003375</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, JOHN C 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, MICHAEL 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMILLAN, PETER P 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBRIX, ROBERT J 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINEHAN, EARL 515 FAIRMONT AVENUE, STE 400 TOWSON, MD 21286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, CRAIG A 701 MAIDEN CHOICE LANE BALTIMORE, MD 21228	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Peter B. McMillan 701 Maiden Choice Lane Baltimore, MD 21228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William R. Brody 3400 North Charles Street, Room 242 Baltimore, MD 21218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
11. I 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 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4-22-05		410-737-8914	
Date		Daytime Phone #			