

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000508

FILED
Apr 25, 2008
Secretary of State

Entity Name: ERICKSON RETIREMENT COMMUNITIES, LLC

Current Principal Place of Business:

701 MAIDEN CHOICE LANE
BALTIMORE, MD 21228

New Principal Place of Business:

Current Mailing Address:

701 MAIDEN CHOICE LANE
BALTIMORE, MD 21228

New Mailing Address:

FEI Number: 52-2003375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: ERICKSON, JOHN C
Address: 701 MAIDEN CHOICE LANE
City-St-Zip: BALTIMORE, MD 21228

Title: MGRM () Delete
Name: ERICKSON, MICHAEL
Address: 701 MAIDEN CHOICE LANE
City-St-Zip: BALTIMORE, MD 21228

Title: MGRM () Delete
Name: MCMILLAN, PETER B
Address: 701 MAIDEN CHOICE LANE
City-St-Zip: BALTIMORE, MD 21228

Title: MGRM () Delete
Name: LAMBRIX, ROBERT J
Address: 701 MAIDEN CHOICE LANE
City-St-Zip: BALTIMORE, MD 21228

Title: MGRM () Delete
Name: LINEHAN, EARL
Address: 515 FAIRMONT AVENUE, STE 400
City-St-Zip: TOWSON, MD 21286

Title: MGRM () Delete
Name: ERICKSON, CRAIG A
Address: 701 MAIDEN CHOICE LANE
City-St-Zip: BALTIMORE, MD 21228

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEFFREY A. JACOBSON

MGRM

04/25/2008

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