2001 UNIFORM BUSINESS REPORT (UBR)

002811 8 AF

DOCUMENT # M98000000245

1. Entity Name
HERITAGE OAKS SENIOR HOUSING, LLC

FILED
01 MAY -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
212 S. CENTRAL. SUITE 301 ST. LOUIS MO 63105	212 S. CENTRAL. SUITE 301 ST. LOUIS MO 63105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
212 S. CENTRAL	212 S. CENTRAL
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: ST LOUIS, MO	City & State: ST LOUIS MO
Zip: 63105 Country: ST LOUIS	Zip: 63105 Country: ST LOUIS

4. FEI Number 58-2380540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNEY, THERESA M 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HALLMARK SENIOR HOUSING 212 S. CENTRAL, SUITE 301 ST. LOUIS MO 63105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER LOVE INVESTMENT CO. C/O LOVE MGMT CO., INC 212 S. CENTRAL, SUITE 100 ST LOUIS, MO 63105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER THE CLEMENS CO. LC C/O LOVE MGMT CO, INC 212 S. CENTRAL, SUITE 100 ST LOUIS, MO 63105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300043351 73--0 -05/31/01--01006--016 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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.*

SIGNATURE: _____ 314-512 8715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #