

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000245 1. Entity Name HERITAGE OAKS SENIOR HOUSING, LLC	
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Principal Place of Business 212 S. CENTRAL, SUITE 100 ST. LOUIS, MO 63105	Mailing Address 212 S. CENTRAL, SUITE 100 ST. LOUIS, MO 63105
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04202004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2380540	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KENNEY, THERESA M 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000133100
04/27/04-80070-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE INVESTMENT CO. 212 S. CENTRAL, SUITE 100 ST. LOUIS, MO 63105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE CLEMENS CO. LC 212 S. CENTRAL, SUITE 100 ST. LOUIS, MO 63105
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

By Love Investment Company, A Managing Member

SIGNATURE: By Gloria D. Clement Gloria D. Clement, Vice Pres 4/20/04 314-512-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #