2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# M98000000245

Entity Name: HERITAGE OAKS SENIOR HOUSING, LLC

Current Principal Place of Business:

4501 SHANNON LAKES DRIVE WEST
TALLAHASSEE, FL 32309

New Principal Place of Business:

212 SOUTH CENTRAL AVE
SUITE 301
ST. LOUIS, MO 63105

Current Mailing Address:

212 S. CENTRAL, SUITE 100
ST. LOUIS, MO 63105

New Mailing Address:

212 SOUTH CENTRAL AVE.
SUITE 301
ST. LOUIS, MO 63105

FEI Number: 58-2380540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNEY, THERESA M
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 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: LOVE INVESTMENT CO.,
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

Title: MGRM (X) Delete
Name: THE CLEMENS CO. LC,
Address: 212 S. CENTRAL, SUITE 100
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THE CLEMENS COMPANY,, LC
Address: 212 S. CENTRAL, SUITE 301
City-St-Zip: ST. LOUIS, MO 63105

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: DAVID L. KIRKLAND AUTH 04/27/2007

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