


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000493
 1. Entity Name
ELDER HEALTHCARE DEVELOPERS, L.L.C.



Principal Place of Business 501 S FOURTH AVE SUITE 140 LOUISVILLE, KY 40202	Mailing Address 501 S FOURTH AVE SUITE 140 LOUISVILLE, KY 40202
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 58-2298192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

Filing Fee is \$50.00
Due by May 1, 2006

U00000439421
 03/01/06-800005-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATRIA SENIOR LIVING GROUP, INC. 501 SOUTH 4TH AVENUE, SUITE 140 LOUISVILLE, KY 40202
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: W. Boyett Date: 2/13/06 Daytime Phone #: 502 719 1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE