

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000493

FILED
Feb 23, 2007
Secretary of State

Entity Name: ELDER HEALTHCARE DEVELOPERS, L.L.C.

Current Principal Place of Business:

501 S FOURTH AVE
SUITE 140
LOUISVILLE, KY 40202

New Principal Place of Business:

401 S. FOURTH AVENUE
SUITE 1900
LOUISVILLE, KY 40202

Current Mailing Address:

501 S FOURTH AVE
SUITE 140
LOUISVILLE, KY 40202

New Mailing Address:

401 S. FOURTH AVENUE
SUITE 1900
LOUISVILLE, KY 40202

FEI Number: 58-2298192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ATRIA SENIOR LIVING, GROUP, INC.
Address: 501 SOUTH 4TH AVENUE, SUITE 140
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATRIA SENIOR LIVING, GROUP, INC.
Address: 401 S. FOURTH AVENUE, SUITE 1900
City-St-Zip: LOUISVILLE, KY 40202

I hereby certify that the information supplied with this filing does not qualify for the 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: W. BRYAN HUDSON

SEC

02/23/2007

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