

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000000493

**FILED  
Mar 31, 2010  
Secretary of State**

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

**Current Principal Place of Business:**

401 S. FOURTH STREET  
SUITE 1900  
LOUISVILLE, KY 40202

**New Principal Place of Business:**

**Current Mailing Address:**

401 S. FOURTH STREET  
SUITE 1900  
LOUISVILLE, KY 40202

**New Mailing Address:**

**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  
**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 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

SECR

03/31/2010

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