

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 28 AM 8:25

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 **Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee**
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000513**

THE ALLEGRO SENIOR HOUSING, L.L.C.
~~50 N. LAURA STREET, SUITE 2800~~
~~JACKSONVILLE FL 32202~~

1a. Principal Place of Business Address

~~50 N. LAURA STREET, SUITE 28~~
~~JACKSONVILLE FL 32202~~

2. Principal Place of Business

212 S. Central

Suite, Apt. #, etc.

Suite 301

City & State

St. Louis, MO

Zip

63105

Country

2a. Mailing Address

212 S. Central

Suite, Apt. #, etc.

Suite 301

City & State

St. Louis, MO

Zip

63105

Country

3. Date Organized or Qualified

05/22/1998

3a. State of Formation

DE

4. FEI Number

58-2394607

APPLIED FOR

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

KENNEY, THERESA M

~~50 N. LAURA STREET, SUITE 2800~~
~~JACKSONVILLE FL 32202~~

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

10110 San Jose Blvd

Suite, Apt. #, etc.

City

Jacksonville

Zip Code

FL

32257

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KIRKLAND, DAVID L	212 SOUTH CENTRAL, SUITE 1	ST. LOUIS MO
MGRM	Hallmark Senior Housing	212 S. Central, Suite 301	St. Louis, MO 63105
500002870355-0 -05/11/99--01006--001 ****188.75 ****188.75			

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

David L. Kirkland, President, Hallmark Senior Housing, Inc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/99

314/512-7952

Date

Daytime Phone #