

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM****Secretary of State****DOCUMENT # M98000000513****1. Entity Name**
THE ALLEGRO SENIOR HOUSING, L.L.C.

Principal Place of Business 212 S. CENTRAL, SUITE 301 ST. LOUIS MO 63105	Mailing Address 212 S. CENTRAL, SUITE 301 ST. LOUIS MO 63105
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2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
58-2394607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**KENNEY THERESA M
10110 SAN JOSE BLVD.JACKSONVILLE FL
32257 US

Name

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

City

FL

Zip Code

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.**SIGNATURE** **03/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALLMARK SENIOR HOUSING 212 S. CENTRAL, SUITE 301 ST. LOUIS MO 63105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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: GEORGENE R. HEINZ** **VP** **03/28/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)