

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001321

FILED
Jul 10, 2006
Secretary of State

Entity Name: KAPSON GP LLC

Current Principal Place of Business:

8393 PROVIDENCE ROAD
CHARLOTTE, NC 282779753

New Principal Place of Business:

10706 SIKES PLACE, STE 150
CHARLOTTE, NC 282778140

Current Mailing Address:

8393 PROVIDENCE ROAD
CHARLOTTE, NC 282779753

New Mailing Address:

10706 SIKES PLACE, STE 150
CHARLOTTE, NC 282778140

FEI Number: 11-3452884 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MATTHEWS, DAVID H
48 OSPREY VILLAGE DRIVE
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

YOUNGER, MATT MR
48 OSPREY VILLAGE DRIVE
AMELIA ISLAND, FL 320344955 US

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: MATT YOUNGER

07/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOUTHWESTERN RETIREMENT ASSOCIATES, LLC
Address: 8393 PROVIDENCE ROAD
City-St-Zip: CHARLOTTE, NC 282779753

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SENIOR LIVING COMMUNITIES, LLC
Address: 10706 SIKES PLACE, STE 150
City-St-Zip: CHARLOTTE, NC 282778140

I hereby certify that the information supplied with this filing does not qualify 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: DONALD O. THOMPSON, JR.

MGR

07/10/2006

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