

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # M98000001435**1. Entity Name  
A98 SENIOR L.L.C.

|   |   |
|---|---|
| Principal Place of Business<br>501 SOUTH FOURTH AVENUE<br><br>LOUISVILLE KY 40202 | Mailing Address<br>501 SOUTH FOURTH AVENUE<br><br>LOUISVILLE KY 40202 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>501 SOUTH FOURTH AVENUE | 3. Mailing Address<br>501 SOUTH FOURTH AVENUE |
|---|---|

|                                |                                |
|--------------------------------|--------------------------------|
| Suite, Apt. #, etc.<br>STE 140 | Suite, Apt. #, etc.<br>STE 140 |
|--------------------------------|--------------------------------|

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>LOUISVILLE KY | City & State<br>LOUISVILLE KY |
|-------------------------------|-------------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>40202 | Country | Zip<br>40202 | Country |
|--------------|---------|--------------|---------|

4. FEI Number  
**61-1336898**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION FL  
33324 US**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **04/30/2001**

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**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>A SENIOR SPV CORP.<br>501 SOUTH FOURTH AVENUE<br>LOUISVILLE KY 40202 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ATRIA, INC.<br>501 SOUTH FOURTH AVENUE<br>LOUISVILLE KY 40202 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

**10. ADDITIONS / CHANGES**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** Carmin D. Grandinetti

Sect 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)