

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000001435

1. Entity Name
A98 SENIOR L.L.C.



Principal Place of Business
501 SOUTH FOURTH AVENUE
STE 140
LOUISVILLE, KY 40202

Mailing Address
501 SOUTH FOURTH AVENUE
STE 140
LOUISVILLE, KY 40202



02062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1336898

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000438417
03/01/06-80005-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ATRIA SENIOR LIVING GROUP, INC.
STREET ADDRESS	501 S. FOURTH AVENUE, STE 140
CITY-ST-ZIP	LOUISVILLE, KY 40202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: W. Byrd

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

2/13/06

Date

502 719 1600

Daytime Phone #