

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001435

Entity Name: A98 SENIOR L.L.C.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

401 S. FOURTH STREET  
SUITE 1900  
LOUISVILLE, KY 40202

**New Principal Place of Business:**

**Current Mailing Address:**

401 S. FOURTH STREET  
SUITE 1900  
LOUISVILLE, KY 40202

**New Mailing Address:**

FEI Number: 61-1336898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ATRIA SENIOR LIVING GROUP, INC.  
Address: 401 S. FOURTH STREET, STE 1900  
City-St-Zip: LOUISVILLE, KY 40202

I hereby 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: W. BRYAN HUDSON

SECR

04/15/2011

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