

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 19 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000024

1. Entity Name
K98 SENIOR L.L.C.

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

Mailing Address
501 SOUTH FOURTH AVENUE, SUITE 140
LOUISVILLE KY 40202-2520



DO NOT WRITE IN THIS SPACE

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

601-1336899

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 ☐ Delete
MGRM
K SENIOR SPV CORP.
STREET ADDRESS 501 SOUTH FOURTH AVENUE, SUITE 140
CITY- ST- ZIP LOUISVILLE KY 40202

TITLE NAME ☐ Change ☐ Addition
900003287889-5
-06/14/00--01009--009
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM
KAPSON SENIOR QUARTERS
STREET ADDRESS 125 FROELICH FARM BLVD.
CITY- ST- ZIP WOODBURY NY

TITLE NAME ☐ Change ☐ Addition
MGRM
Atria, Inc.

TITLE NAME ☐ Delete
~~ATRIA, INC.~~
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☒ Addition
501 South Fourth Ave, Ste 140
Louisville Ky 40202

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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: *Carmen Grandinetti* Member 04/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(502)

719-2481

CR21 03 (9/01)