

2001 UNIFORM BUSINESS REPORT (UBR)

0027407 AF

DOCUMENT # M99000000380

1. Entity Name

SENIOR HOUSING, L.L.C.

FILED

01 FEB -5 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

700 EAST MAIN STREET, SUITE 1626
ATTN: JOHN L. C. GOODE
RICHMOND VA 23219

Mailing Address

700 EAST MAIN STREET, SUITE 1626
ATTN: JOHN L. C. GOODE
RICHMOND VA 23219

2. Principal Place of Business

13511 E. Boundary Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Midlothian, VA

City & State

Zip

23112

Country

CHESTERFIELD

Zip

Country

4. FEI Number

54-1931737

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

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

John L. C. Goode
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003675204--2
-02/12/01--01146--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
GOODE, JOHN L
STREET ADDRESS 700 EAST MAIN STREET, SUITE 1626
CITY-ST-ZIP RICHMOND VA 23219 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

1/30/01 804-639-9100

CR2E083 (11/00)