

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90183 020 \*\*\*\*50.00

**DOCUMENT # M99000000380**

1. Entity Name

**SENIOR HOUSING, L.L.C.**

Principal Place of Business

**13511 E. BOUNDARY RD.  
SUITE A  
MIDLOTHIAN VA 23112**

Mailing Address

**13511 E. BOUNDARY RD.  
SUITE A  
MIDLOTHIAN VA 23112**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change☐ 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:

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

**2/6/02 804-639-9100**  
Date Daytime Phone #

CR2E083 (9/01)