

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001848

1. Entity Name

TALLAHASSEE RETIREMENT RESIDENCE LLC

Principal Place of Business

2250 MCGILCHRIST ST SE, SUITE 200
SALEM OR 97302

Mailing Address

ATTN: DELLANE COLSON
P.O. BOX 14111
SALEM OR 97309

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

93-1279182

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 fee 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 STREET ADDRESS CITY-ST-ZIP	MGR COLSON, WILLIAM E 2250 MCGILCHRIST ST SE, SUITE 200 SALEM OR 97302	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATY, DANIEL R 2250 MCGILCHRIST ST SE, SUITE 200 SALEM OR 97302	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENDEN, NORMAN L 2250 MCGILCHRIST ST SE, SUITE 200 SALEM OR 97302	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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01/29/02--01068--008
***1102.50 ***50.00

FF \$50

RLT

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 NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

W. E. Colson

Date

Daytime Phone #

503 370 7071

x 7269

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 1:24



DO NOT WRITE IN THIS SPACE

CR2003 (9/01)