

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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: DEBBIE PARSONS
P.O. BOX 14111
SALEM, OR 97309**



01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COLSON, WILLIAM E
2250 MCGILCHRIST ST SE, SUITE 200
SALEM, OR 97302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BATY, DANIEL R
2250 MCGILCHRIST ST SE, SUITE 200
SALEM, OR 97302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRENDEN, NORMAN L
2250 MCGILCHRIST ST SE, SUITE 200
SALEM, OR 97302**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000412409
02/10/06-80047-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

1-13-06

Date

583-370-7071

Daytime Phone #