

2000 UNIFORM BUSINESS REPORT (UBR)

NY 11111

DOCUMENT # M99000001867

1. Entity Name
LIBERTY SENIOR LIVING, L.L.C.

Principal Place of Business: 2150 GOODLETTE ROAD. #600 NAPLES FL 34102

Mailing Address: 2150 GOODLETTE ROAD. #600 NAPLES FL 34102-4818

FILED
00 MAR 24 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 74-2875138	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable <input type="checkbox"/>	
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (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 STREET ADDRESS CITY - ST - ZIP	MGR LIBERTY SENIOR LIVING, INC. 2150 GOODLETTE ROAD, #600 NAPLES FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003207558--4 -04/13/00--01085--003 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alan D. Parish **SIGNATURE REQUIRED** 3/8/00 941-262-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)