

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001867

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
74-2875138
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (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
TITLE NAME MGR
STREET ADDRESS LIBERTY SENIOR LIVING, INC.
CITY-ST-ZIP 2150 GOODLETTE ROAD, #600
NAPLES FL 34102

10. ADDITIONS / CHANGES
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
800003207558-4
-04/13/00--01085--003
*****55.00 *****55.00

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)