


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001867 1. Entity Name LIBERTY SENIOR LIVING, L.L.C.	
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Principal Place of Business 3073 HORSESHOE DRIVE SUITE 100 NAPLES, FL 34104 US	Mailing Address 3073 HORSESHOE DRIVE SUITE 100 NAPLES, FL 34104 US
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-2875138	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent Signature Required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LIBERTY SENIOR LIVING, INC. 3073 HORSESHOE DRIVE, SUITE 100 NAPLES, FL 34104
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04/14/05-80108-012 55.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE	ALAN D. PARRISH, President 4/11/05 239-262-8006 Date Daytime Phone #
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