


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000001867

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



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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08212007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2875138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
 Due by September 14, 2007**

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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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:  **Thomas E. Rawles, Jr.**
 Secretary/Treasurer August 22, 2007 239-262-8006