2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90748 036 ****55.00

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DOCUMENT # M99000001867

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

30054665

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3073 HORSESHOE DRIVE	3073 HORSESHOE DRIVE
Suite, Apt. #, etc.: STE. 100	Suite, Apt. #, etc.: STE. 100
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number 74-2875138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$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. 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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIBERTY SENIOR LIVING, INC. 2150 GOODLETTE ROAD, #600 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIBERTY SENIOR LIVING, INC. 3073 HORSESHOE DRIVE, STE. 100 NAPLES, FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED President 4/10/03 239-262-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Alan D. Parrish