2003 LIMITED LIABILITY COMPANY

Apr 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M9900001867 04-14-2003 90748 036 ****55.00 1. Entity Name LIBERTY SENIOR LIVING, L.L.C. Principal Place of Business Mailing Address 30054665 2150 GOODLETTE ROAD. #600 2150 GOODLETTE ROAD. #600 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address 3073 HORSESHOE DRIVE 3073 HORSESHOE Deve Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES St.E. loo STE. 100 City & State & State 4. FEI Number 74-2875138 Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired WSA 34104 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR Change TITLE ☐ Addition TITLE Delete LIBERTY SENIOR LIVING LIBERTY SENIOR LIVING, INC. NAME NAME 3073 HorsesHOE DRIVE, STE. 100 2150 GOODLETTE ROAD, #600 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.