2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000073350

Entity Name: NORTH LAKELAND SENIOR LIVING. INC.

Apr 24, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2626 COLE AVENUE 8001 NORTH DALE MABRY

STE 620 STE 501 K

DALLAS, TX 75204 US TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

BOX 190934 801 NORTH DALE MABRY DALLAS, TX 75219 US STE 501 K

TAMPA, FL 33614 US

FEI Number: 59-3452282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OVERTON, JOHN HAGAN, JOHN E

1871 COTTONWOOD TRAIL

SARASOTA, FL 34232 US

STE 501 K

TAMPA, FL 33614 US

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: JOHN E. HAGAN 04/24/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D VP (X) Change () Addition Name: HAGAN, TOM Name: HAGAN, TOM

Address: 8001 N. DALE MABRY STE 801D Address: 8001 N. DALE MABRY STE 501K

City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614

Name: PETERS, JIM Name: PETERS, JIM

Address: 2626 COLE AVENUE, STE 620 Address: 2626 COLE AVENUE, STE 620

City-St-Zip: DALLAS, TX 75204 City-St-Zip: DALLAS, TX 75204

Title: S () Delete Title: DP (X) Change () Addition

Name: SMITH, KATHY Name: HAGAN, JOHN E

Address: 4160 N 49TH WAY Address: 8001 N DALE MABRY STE 501K

City-St-Zip: PHOENIX, AZ 85018 City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM PETERS D 04/24/2002