2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043265

LOWRY, ROBERT L

11 THUNDERBAY DR

GRAY, TN 37615

Name:

Address: City-St-Zip:

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FILED Apr 21, 2005 Secretary of State

Entity Name: SOUTHERN LIVING ALF OF SEBRING, INC. **Current Principal Place of Business: New Principal Place of Business:** 3600 COMMERCE CNTR DR SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** 1004 WASHINGTON STREET HOLLYWOOD, FL 33019 FEI Number: 65-0834767 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: MILLS, FREDERICK J ESQUIRE MORRISON, MORRISON & MILLS, P.A. 1200 W. PLÁTT STREET, SUITE 100 TAMPA, FL 33606 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOWRY, ROBERT P Name: Name: 1004 WASHINGTON STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: OAKES, CHARLES Name: 3600 COMMERCE CNTR BLVD Address: Address: SEBRING, FL 33870 City-St-Zip: City-St-Zip: Title: Title: DVP () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT P. LOWRY D 04/21/2005