



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2010

**1. ID No.** 000154526

**2. Exact Name of the Limited Liability Company** HBC Manager, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MANAGEMENT OF SENIOR LIVING COMMUNITIES

**5. Principal Office Address**

No. and Street: 5426 BAY CENTER DR SUITE 600

City or Town: TAMPA

State: FL Zip: 33609 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: NEIL PAGE Contact Title: TAX MANAGER

No. and Street: 100 MILVERTON DR

SUITE 700

City or Town: MISSISSAUGA

State: Zip: L5R 4H1

Country: CAN

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	VLAD VOLODARSKI	100 MILVERTON DR SUITE 700 MISSISSAUGA, ON L5R 4H1 CA
MANAGER	W. BRENT BINIONS	100 MILVERTON DR SUITE 700 MISSISSAUGA, ON L5R4H1 CA
MANAGER	THILO D BEST	5426 BAY CENTER DR SUITE 600 TAMPA, FL 33609 USA
MANAGER	JON A DELUCA	5426 BAY CENTER DR SUITE 600 TAMPA, FL 33609 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 16 Day of September, 2010 at 11:31:55 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By NEIL PAGE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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