

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100045

FILED
Mar 20, 2007
Secretary of State

Entity Name: SELAH SENIORCARE-FOREST LAKE MANOR, LLC

Current Principal Place of Business:

265 NORTH ROSCOE BLVD.
PONTE VERDA BEACH, FL 32082

New Principal Place of Business:

50 A1A NORTH
SUITE 110
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

265 NORTH ROSCOE BLVD.
PONTE VERDA BEACH, FL 32082

New Mailing Address:

50 A1A NORTH
SUITE 110
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-4798937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FILIPPONE, WILLIAM T
265 NORTH ROSCOE BLVD.
PONTE VERDA BEACH, FL 32082 US

Name and Address of New Registered Agent:

FILIPPONE, WILLIAM T
50 A1A NORTH
SUITE 110
PONTE VEDRA BEACH, FL 32082 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: WILLIAM T. FILIPPONE

03/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SELAH MANAGEMENT GRO, UP LLC
Address: 265 NORTH ROSCOE BLVD.
City-St-Zip: PONTE VERDE BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARRISH, ALAN D
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Change (X) Addition
Name: FILIPPONE, WILLIAM T
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Change (X) Addition
Name: HEMINGWAY, CLIFFORD
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM () Change (X) Addition
Name: TREFZGLER, CHARLES
Address: 50 A1A NORTH, SUITE 110
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN D. PARRISH

MGRM

03/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date