

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004144

FILED
Jun 26, 2009
Secretary of State

Entity Name: LIFEPOINTE VILLAGE - TAVARES, LLC

Current Principal Place of Business:

50 A1A NORTH STE 110
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

50 A1A NORTH STE 110
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SELAH MANAGEMENT GROUP, LLC
50 A1A NORTH STE 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUNLAP, DAVID M
Address: 7203 GOODMAN RD
City-St-Zip: OLIVE BRANCH, MS 386541906

Title: MGR () Delete
Name: CLUFF, CURT
Address: 7729 E GREENWAY RD
City-St-Zip: SCOTTDALE, AZ 85260

Title: MGR () Delete
Name: MORIARITY, EDWARD
Address: 7729 E GREENWAY RD
City-St-Zip: SCOTTDALE, AZ 85260

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

MR

06/26/2009

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