

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000311

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** LAVENDER HEALTH CARE OF FLORIDA, LLLP

**Current Principal Place of Business:**

6726 CHANCERY PLACE  
UNIVERSITY PARK, FL 342012251

**New Principal Place of Business:**

2901 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 US

**Current Mailing Address:**

6726 CHANCERY PLACE  
UNIVERSITY PARK, FL 342012251

**New Mailing Address:**

2901 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 US

**FEI Number:** 27-2743891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIMSEY, RICHARD LEE  
6726 CHANCERY PLACE  
UNIVERSITY PARK, FL 342012251 US

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

KIMSEY, RICHARD LEE  
2901 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 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:

03/16/2011

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L09000097977  
Name: LAVENDER HEALTH CARE MANAGEMENT, LLC  
Address: 6726 CHANCERY PLACE  
City-St-Zip: UNIVERSITY PARK, FL 342012251

**ADDRESS CHANGES ONLY:**

Address: 2901 SOUTH TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239 US

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RICHARD KIMSEY

GP

03/16/2011

Electronic Signature of Signing General Partner

Date