

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001103

FILED
Mar 23, 2009
Secretary of State

Entity Name: SENIOR CARE CONSULTANT GROUP L.L.C.

Current Principal Place of Business:

3313 DARTMOOR DR.
TALLAHASSEE, FL 32312

New Principal Place of Business:

2522 CAPITAL CR NE
#10
TALLAHASSEE, FL 32308

Current Mailing Address:

3313 DARTMOOR DR.
TALLAHASSEE, FL 32312

New Mailing Address:

2522 CAPITAL CR NE
#10
TALLAHASSEE, FL 32308

FEI Number: 59-3623876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRUIT, GAYLON E
3313 DARTMOOR DR.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: FRUIT, GAYLON E
Address: 3313 DARTMOOR DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: FRUIT, CATHERINE M
Address: 3313 DARTMOOR DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HIMES, GARY J
Address: 3500 WILLIAM D TATE AVE #200
City-St-Zip: GRAPE VINE, TX 76051

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: GARY HIMES

MGRM

03/23/2009

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