


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90042 024 ****50.00

DOCUMENT # L00000014722 1. Entity Name SENIOR HEALTH - SOUTH HERITAGE, LLC					
Principal Place of Business 785 FIFTH AVE, THIRD FLOOR, STE 5 CHAMBERSBURG, PA 17201			Mailing Address 100 2ND AVE S 901 SOUTH ST PETERSBURG, FL 33701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03302006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 36-4403586	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSCHOP, CAROL A 785 FIFTH AVENUE CHAMBERSBURG, PA 17201	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSCHOP, William 28 DORCHESTER DR WYOMISSING, PA 19608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>William Tschoop</u>			WILLIAM TSCHOP 4/1/06 610-678-7859		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					