

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014725
 1. Entity Name
SENIOR HEALTH - TREASURE ISLE, LLC

FILED
 01 SEP 18 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: PROF. ARTS BLDG., 25 PENNCRAFT AVE. CHAMBERSBURG PA 17201
 Mailing Address: PROF. ARTS BLDG., 25 PENNCRAFT AVE. ATTN: CAROL A. TSCHOP CHAMBERSBURG PA 17201

2. Principal Place of Business: 1735 N. TREASURE DR
 Suite, Apt. #, etc.
 3. Mailing Address: 111 W. MICHIGAN ST
 Suite, Apt. #, etc. C/O TAX DEPT

City & State: NORTH BAY VILLAGE, FL
 Zip: 33141 Country: USA
 City & State: MILWAUKEE, WI
 Zip: 53203 Country: USA

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WYATT, BART
 14255 49TH STREET N. BUILDING #3 SUITE 301
 CLEARWATER FL 33762-2813

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSCHOP, CAROL A PROF. ARTS BLDG., 25 PENNCRAFT AVE. CHAMBERSBURG PA 17201 <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	500004597565--8 -09/18/01--01009--036 ****850.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 9/14/01 (717) 263-3249

STAPLE CHECK HERE

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