


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90275 001 ***350.00

DOCUMENT # L00000014725

1. Entity Name
SENIOR HEALTH - TREASURE ISLE, LLC



Principal Place of Business 785 FIFTH AVE, THIRD FLOOR, STE 5 ATTN: CAROL A. TSCHOP CHAMBERSBURG, PA 17201	Mailing Address 100 2ND AVE S 901 SOUTH ST PETERSBURG, FL 33701
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02122004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4403591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPECTOR GADON & ROSEN, LLP
 360 CENTRAL AVENUE, SUITE 1550
 ST. PETERSBURG, FL 33701**

DO NOT WRITE IN THIS SPACE

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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TSCHOP, CAROL A 785 FIFTH AVENUE CHAMBERSBURG, PA 17201
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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: *Carol A. Tschop* **CAROL TSCHOP** 4/16/04 717-262-7249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #