


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-4403591	
Zip		Country		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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005			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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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)(f), 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: _____			Date: 4/26/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

FILED

2005 JUN 23 P 3:46

SECRET 0005890
TALLAHASSEE, FLORIDA



02242005 Chg-LLC CR2E083 (10/03)

4. FEI Number **36-4403591** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

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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	500056663825	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	05/10/05--90111--037	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ Date: **4/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE