

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-19-2004 90270 012 ****50.00

DOCUMENT # L00000015136 1. Entity Name LTC INFO CENTER, L.L.C.	
---	---

Principal Place of Business 10 SE CENTRAL PARKWAY SUITE 350 STUART, FL 34994	Mailing Address 10700 COUNTY RD 15 4TH FLOOR PLYMOUTH, MN 55441
---	--

34005500



DO NOT WRITE IN THIS SPACE

02132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-1916568	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, LEONARD
10 SE CENTRAL PARKWAY
SUITE 350
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

B. 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: *Leonard G. Anderson*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3-12-04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERSON, LEONARD G 10 S.E. CENTRAL PARKWAY, SUITE 302 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Leonard G. Anderson*

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

4-6-04

Date

763-525-1111

Daytime Phone #