2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

√ ANNUAL		<u> </u>		
DOCUMENT # L0200000102			FIL	ED
1. Entity Name LTC STAFFING SERVICES, LLC			04 APR 21	PM L: 2c
Principal Place of Business	Mailing Address		SECRETARY C	OF STATE
440 PHIPPEN WAITERS RD.	440 PHIPPEN WAITERS R	RD.	ALLAHASSEE	FLORIDA
DANIA BEACH, FL 33004	DANIA, FL 33004	/ /		
O. Dépaised Disea et Dusiness	3. Mailing Address			
2 Principal Place of Business 5300 W 16 AVE	5300 W	16 ANE	1 STATES ON STATE OF STATE STA	a ii aa i aai ini aas 1880 ii 188
Suite, Apt. #, etc. HIALEAH FC	Suite, Apt. #, etc.	FL	03292004 Chg-LLC	CR2E083 (10/03)
City & State	City & State	<u></u>	4. FEI Number	Applied For
Zip Country	zip 33012	Country	37-1419817	Not Applicable \$5.00 Additional
33012			5. Certificate of Status Desired	Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg	Jistered Agent
CROSS, K.C. 440 PHIPPEN WAITERS RD.		_	rect Agents, Inc.	1
440 PHIPPEN WAITERS RD. DANIA, FL 33004 103 N. Meridian Street, Lower Level Tallahassee, FL 32301				
		1 anamas	32301	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 Signature, typed or printed name of registered agent	UB X ASS	-, SCOREF	ARY	DATE
. Ogranic, special prized hare a regisland ages.	and the mappingase. (NO.E.F	egistered Agent signature req	ured wien reinsteing)	LAIE
Filing Fee is \$50.00 Due by May 1, 2004		,	Florida	check payable to Department of State
9. MANAGING MEMBE	RS/MANAGERS Delete	10.	ADDITIONS/C	HANGES Change Addition
NAME CROSS, KC	Li Delete	NAME K	.C. Cross	El custaño - El vacation
STREET ADDRESS 440 PHIPPEN WAITERS RD. CITY-ST-ZP DANIA, FL 33004			300 W. 16 th Avenue	
TITLE	☐ Delete	TITLE H	lialeah, FL 33012	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	2000344 04/28/0401028	111912
CITY-ST-ZIP		CITY-ST-ZIP	U4/28/U4U1028	030 ** 50.00
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	□ n.l.s.	CITY-ST-ZZP		[min] Change
NAME	Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS City-St-Zip		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME Street address		
CITY-ST-ZÉP		CITY-ST-ZIP		
TITLE NAME	Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZP	· · · · · · · · · · · · · · · · · · ·	
11. I hereby certify that the information supplied with the 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 of the execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: 4/15/04				
SIGNATURE AND TYPED OR PREVEND NAME OF SKONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Proce #				