

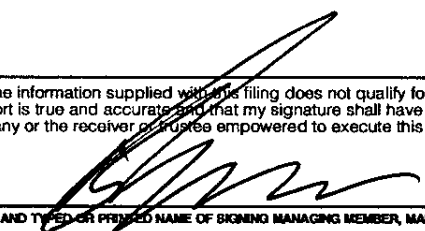


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000102																													
<b>1. Entity Name</b> LTC STAFFING SERVICES, LLC																													
<b>Principal Place of Business</b> 440 PHIPPEN WAITERS RD. DANIA BEACH, FL 33004			<b>Mailing Address</b> 440 PHIPPEN WAITERS RD. DANIA, FL 33004																										
<b>2. Principal Place of Business</b> 5300 W 16 AVE Suite, Apt. #, etc. HIALEAH FL		<b>3. Mailing Address</b> 5300 W 16 AVE Suite, Apt. #, etc. HIALEAH, FL																											
City & State		City & State		03292004 Chg-LLC CR2E083 (10/03)																									
Zip 33012 Country		Zip 33012 Country		<b>4. FEI Number</b> 37-1419817																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>  CROSS, K.C. 440 PHIPPEN WAITERS RD. DANIA, FL 33004			<b>7. Name and Address of New Registered Agent</b>  Corp.Direct Agents, Inc. 103 N. Meridian Street, Lower Level Tallahassee, FL 32301																										
Signature, typed or printed name of registered agent and title if applicable.			DATE																										
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>																										
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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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:**  4/15/04

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