

L02000013766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

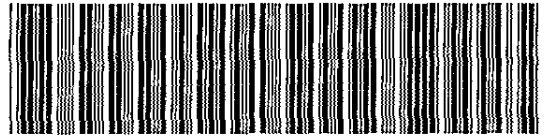
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SPECTOR GADON & ROSEN, P.C.

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Lianne Barnard, Paralegal

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DIRECT DIAL NUMBER
[215] 241-8833

November 24, 2003

Via Overnight Mail
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Change of Registered Office and Registered Agent

Gentlemen/Ladies:

I am transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following entities:

1. WKTM-Florida, LLC (DE entity)
2. WKTM-Florida, LLC (FL entity)
3. Senior Health South-Tampa, LLC
4. Senior Health-TLTC, LLC
5. Senior Health-TNF, LLC
6. Senior Health South-EX, LLC
7. Senior Health-Alpine, LLC
8. Senior Health-Concordia, LLC
9. Senior Health-First Coast, LLC
10. Senior Health-South Heritage, LLC
11. Senior Health-Treasure Isle, LLC
12. Senior Health-Winter Haven, LLC
13. WKM-Real Estate, LLC
14. KMW Real Estate, LLC
15. Florida Institute for Long Term Care, LLC (FL entity)
16. Florida Institute for Long Term Care, LLC (DE entity)
17. FI-Bay Pointe, LLC
18. FI-Boca Raton, LLC
19. FI-Broward Nursing, LLC
20. FI-Cape Coral, LLC
21. FI-Carrollwood Care, LLC

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ATTORNEYS AT LAW

November 24, 2003

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22. FI-Casa Mora, LLC
23. FI-Evergreen Woods, LLC
24. FI-Highland Pines, LLC
25. FI-Highland Terrace, LLC
26. FI-Palm Beaches, LLC
27. FI-Pompano Rehab, LLC
28. FI-Sanford Rehab, LLC
29. FI-Tampa, LLC
30. FI-The Abbey, LLC
31. FI-The Oaks, LLC
32. FI-Titusville, LLC
33. FI-Waldemere, LLC
34. FI-Windsor Woods, LLC
35. FI-Winkler Court, LLC

Please file each and deduct the appropriate filing fees of \$875 (35 @ \$25/each) from our firm's depository account #I20030000027.

I am also transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Corporations:

1. Hearthstone Senior Communities, Inc.
2. Senior Health Properties-South, Inc.
3. Westminster Community Care Services, Inc.

Please file each and deduct the appropriate filing fees of \$105 (3 @ \$35/each) from our firm's depository account #I20030000027.

Kindly forward acknowledgment copies to my attention via facsimile (215/241-8844) at your earliest convenience.

Very truly yours,



Lianne Barnard
Paralegal

LB/hs
Enc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Senior Health-TLTC, LLC
2. The mailing address of the limited liability company is : 100 Second Avenue South, Suite 901S
St. Petersburg, FL 33701

05/31/2002

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Bart Wyatt

Name

100 Second Avenue South, Suite 901S

Address

St. Petersburg, FL 33701

City, State and Zip

6. The name and address of the new registered agent and/or office:

Spector Gadon & Rosen, LLP

Name

360 Central Avenue, Suite 1550

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33701

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Carol A. Tschop

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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