


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90245 001 \*\*\*500.00

<b>DOCUMENT # L02000023969</b> 1. Entity Name ALLIANCE SENIOR SERVICES AT SABAL HOUSE, LLC	
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Principal Place of Business 150 CROSSVILLE STREET CANTONMENT, FL 32433	Mailing Address 5887 BERRYHILL RD #148 MILTON, FL 32570
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30000525



01122006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0425787

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent  JERREMS, WARREN K 5887 BERRYHILL RD #148 MILTON, FL 32570
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**DO NOT WRITE  
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERREMS, WARREN K 5887 BERRYHILL RD #148 MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, WILLIAM G 150 CROSSVILLE ST CANTONMENT, FL 32533
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Warren K. Jerrems* **WARREN K. JERREMS** 1/13/06 850.586.1030

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

Date

Daytime Phone #