

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90141 001 \*\*\*500.00

**DOCUMENT # L02000023998**

1. Entity Name  
**ALLIANCE SENIOR SERVICES AT MAGNOLIA HOUSE, LLC**



Principal Place of Business

**1125 STRONG ROAD  
QUINCY, FL 32351**

Mailing Address

**150 CROSSVILLE STREET  
CANTONMENT, FL 32533**

**30005107**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**5887 BERRYHILL RD**

Suite, Apt. #, etc.

**#148**

02042005 Chg-LLC CR2E083 (10/03)

City & State

City & State

**MILTON, FL**

4. FEI Number  
**51-0425781**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32570**

**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JERREMS, WARREN  
150 CROSSVILLE ST  
CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**5887 BERRYHILL RD**

**#148**

City **MILTON**

**FL**

Zip Code **32570**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/4/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JERREMS, WARREN K  
150 CROSSVILLE STREET  
CANTONMENT, FL 32533**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ALLEN, WILLIAM G  
147 MOONLIGHT DR.  
PANAMA CITY BEACH, FL 32443**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5887 BERRYHILL RD #148  
MILTON, FL 32570**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**150 CROSSVILLE ST  
CANTONMENT, FL 32533**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

**WARREN K. JERREMS**

**2/4/05**

**850.983.9134**