## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # L02000030611** 05-02-2005 90363 028 \*\*\*\*50.00 SENIOR CENTER SERVICES AND OPERATIONS, LLC Principal Place of Business Mailing Address 3000 N.W. 32 AVENUE 3000 N.W. 32 AVENUE 14012834 MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address 7483 SW 24th Street 7483 SW 24th Street Suite, Apt. #, etc. Suite 209 Suite, Apt, #, etc. 04212005 Cha-LLC CR2E083 (10/03) Suite 209 City & State City & State 4. FEI Number Applied For Miami, FL Miami, FL 57-1139023 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 33155 33155 USA 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name de Pedro-Gonzalez Maria N. WASHINGTON, LYNN C Street Address (P.O. Box Number is Not Acceptable) 7483 SW 24th Street 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 Suite 209 Miami <del>Zin Code</del>5 8. The above named entity sobmits 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. Maria N. de Pedro-Gonzalez SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGR TITLE MGR Change □ Addition Delete MDHA DEVELOPMENT CORPORATION NAME MDHA DEVELOPMENT CORPORATION NAME 7483 SW 24th Street, Suite 209 STREET ADDRESS STREET ADDRESS 3000 N.W. 32 AVENUE CITY-ST-ZIP Miami, FL 33155 CITY-ST-ZIP MIAMI, FL 33142 Delete TITLE ☐ Change TITI F ☐ Addition COMMUNITY DEVELOPMENT CORPORATION NAME NAME 3000 N.W. 32 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP - Dalete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITI F Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Maria N. de Pedro-Gonzalez

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

SIGNATURE:

FILED

(305) 267-3624

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