
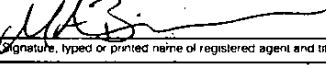
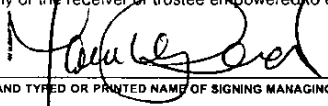


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90056 045 ****55.00

DOCUMENT # L02000030611					
1. Entity Name SENIOR CENTER SERVICES AND OPERATIONS, LLC					
Principal Place of Business 7483 SW 24TH STREET, STE 209 MIAMI, FL 33155			Mailing Address 7483 SW 24TH STREET, STE 209 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1139023	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE PEDRO-GONZALEZ, MARIA N 7483 SW 24TH STREET, STE 209 MIAMI, FL 33155			Name Bierman, Mitchell Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd. Suite 700 City Miami FL Zip Code 33134		
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 				04/27/2007 DATE	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MDHA DEVELOPMENT CORPORATION 7483 SW 24TH STREET, STE 209 MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MDHA DEVELOPMENT CORPORATION 7483 SW 24TH STREET, STE 209 MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MDHA DEVELOPMENT CORPORATION 7483 SW 24TH STREET, STE 209 MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MDHA DEVELOPMENT CORPORATION 7483 SW 24TH STREET, STE 209 MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			04/27/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
3052673624			Daytime Phone #		