




2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 10:02

DOCUMENT # L02000034765					
1. Entity Name FI-CARROLLWOOD CARE, LLC					
Principal Place of Business 100 2ND AVE S STE 901 SOUTH ST. PETERSBURG, FL 33701			Mailing Address 100 2ND AVE S STE 901 SOUTH ST. PETERSBURG, FL 33701		
2. Principal Place of Business 15002 HUTCHINSON ROAD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022006 Chg-LLC CR2E083 (11/05)	
City & State TAMPA, FL		City & State		4. FEI Number 32-0051414	
Zip 33625		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent		
			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON <input type="checkbox"/> Delete P.O. BOX 10867 ST PETERSBURG, FL 33730867		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 360 CENTRAL AVE., STE 1550 ST. PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADMINISTRATOR 15002 HUTCHINSON ROAD TAMPA, FL 33625	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete WYATT, DEE 724 N. GOVERNORS AVENUE DOVER, DE 199047238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR OF NURSING 15002 HUTCHINSON ROAD TAMPA, FL 33625	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100076499801 05/22/06--01038--015 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  HARRY DILLON MADONNA 5/9/06 727-824-8800					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					