

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 10:03

DOCUMENT # L02000034769					
1. Entity Name FI-EVERGREEN WOODS, LLC					
Principal Place of Business 100 SECOND AVENUE SOUTH, SUITE 901S ST. PETERSBURG, FL 33701			Mailing Address 100 SECOND AVENUE SOUTH, SUITE 901S ST. PETERSBURG, FL 33701		
2. Principal Place of Business 7045 EVERGREEN WOODS TRAIL		3. Mailing Address Suite, Apt. #, etc.		05022006 Chg-LLC CR2E083 (11/05)	
City & State SPRING HILL, FL		City & State		4. FEI Number 32-0051430	
Zip 34608		Country HERNANDO		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME MADONNA, HARRY DILLON STREET ADDRESS P.O. BOX 10867 CITY-ST-ZIP ST PETERSBURG, FL 337330867	<input type="checkbox"/> Delete		TITLE MGR NAME MADONNA, HARRY DILLON STREET ADDRESS 360 CENTRAL AVE., STE 1550 CITY-ST-ZIP ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME GALLAHER, RHONDA STREET ADDRESS 109 ANTES LANE CITY-ST-ZIP GRAMPIAN, PA 16838	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME ADMINISTRATOR STREET ADDRESS 7045 EVERGREEN WOODS TRAIL CITY-ST-ZIP SPRING HILL, FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME WYATT, DEE STREET ADDRESS 724 N. GOVERNORS AVENUE CITY-ST-ZIP DOVER, DE 199047238	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME DIRECTOR OF NURSING STREET ADDRESS 7045 EVERGREEN WOODS TRAIL CITY-ST-ZIP SPRING HILL, FL 34608	<input type="checkbox"/> Change <input checked="" 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	
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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					