

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90316 036 ***138.75

DOCUMENT # L02000034776

1. Entity Name
FI-TH OAKS, LLC



Principal Place of Business
1010 US 27 N
AVON PARK, FL 33825

Mailing Address
100 2ND AVE ST
STE 901 SOUTH
ST PETERSBURG, FL 33701

60026089



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

400 Second Ave S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 901 South

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33701

03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
32-0051435

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MADONNA, HARRY DILLON
STREET ADDRESS 360 CENTRAL AVE STE 1550
CITY-ST-ZIP ST PETERSBURG, FL 33701 ☐ Delete

TITLE MGR
NAME ADMINISTRATOR
STREET ADDRESS 1010 US 27 N
CITY-ST-ZIP AVON PARK, FL 33825 ☐ Delete

TITLE MGR
NAME DIRECTOR OF NURSING
STREET ADDRESS 1010 US 27 N
CITY-ST-ZIP AVON PARK, FL 33825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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 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

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

Date

Daytime Phone #

Harry Dillon Madonna HARRY DILLON MADONNA 4/2/08