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(Ad	dress)	WATER CO.
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#### SPECTOR GADON & ROSEN, P.C.

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1635 MARKET STREET
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SUITE 1550
ST. PETERSBURG, FL 33701
[727] 896-4600
FAX: [727] 896-4604
Lianne Barnard, Paraleg

DIRECT DIAL NUMBER

E-MAIL lbarnard@lawsgr.com

November 24, 2003

Via Overnight Mail
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Change of Registered Office and Registered Agent

#### Gentlemen/Ladies:

I am transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the following entities:

- 1. WKTM-Florida, LLC (DE entity)
- 2. WKTM-Florida, LLC (FL entity)
- 3. Senior Health South-Tampa, LLC
- 4. Senior Health-TLTC, LLC
- 5. Senior Health-TNF, LLC
- 6. Senior Health South-EX, LLC
- 7. Senior Health-Alpine, LLC
- 8. Senior Health-Concordia, LLC
- 9. Senior Health-First Coast, LLC
- 10. Senior Health-South Heritage, LLC
- 11. Senior Health-Treasure Isle, LLC
- 12. Senior Health-Winter Haven, LLC
- 13. WKM-Real Estate, LLC
- 14. KMW Real Estate, LLC
- 15. Florida Institute for Long Term Care, LLC (FL entity)
- 16. Florida Institute for Long Term Care, LLC (DE entity)
- 17. FI-Bay Pointe, LLC
- 18. FI-Boca Raton, LLC
- 19. FI-Broward Nursing, LLC
- 20. FI-Cape Coral, LLC
- 21. FI-Carrollwood Care, LLC



### SPECTOR GADON & ROSEN, P.C. ATTORNEYS AT LAW

November 24, 2003 Page -2-

22. FI-Casa Mora, LLC

23. FI-Evergreen Woods, LLC

24. FI-Highland Pines, LLC

25. FI-Highland Terrace, LLC

26. FI-Palm Beaches, LLC

27. FI-Pompano Rehab, LLC

28. FI-Sanford Rehab, LLC

29. FI-Tampa, LLC

30. FI-The Abbey, LLC

31. FI-The Oaks, LLC

32. FI-Titusville, LLC

33. FI-Waldemere, LLC

34. FI-Windsor Woods, LLC

35. FI-Winkler Court, LLC

FILED OF STATE OF STA

Please file each and deduct the appropriate filing fees of \$875 (35 @ \$25/each) from our firm's depository account #I20030000027.

I am also transmitting to you herewith for filing the following Statement(s) of Change of Registered Office or Registered Agent or Both for Corporations:

- 1. Hearthstone Senior Communities, Inc.
- 2. Senior Health Properties-South, Inc.
- 3. Westminster Community Care Services, Inc.

Please file each and deduct the appropriate filing fees of \$105 (3 @ \$35/each) from our firm's depository account #I20030000027.

Kindly forward acknowledgment copies to my attention via facsimile (215/241-8844) at your earliest convenience.

Very truly yours,

anne Barraid

Lianne Barnard

Paralegal

LB/hs Enc.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is:	FI-Cape Coral, LLC	
		ompany is: 100 Second Ave	enue South. Suite 901S
St. Petersburg, FL 337		impany is .	
St. Feleisburg, FL 337	· · · · · · · · · · · · · · · · · · ·		·
12/23/2002		L02000034779	
3. Date of filing/registrati	on in Florida	4. Document nur	mber 3
5. The name of the registered agent and the registered office Florida Department of State:  Bart Wyatt			26
	100 Second Avenu	Name e South, Suite 901S	2 D
	St. Petersburg, FL	Address 33701 State and Zip	· (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
6. The name and address of	of the new registered as	gent and/or office:	
	Spector Gadon & R	Rosen, LLP	
	360 Central Avenue	Name e, Suite 1550	
-	Florida street address	s (P.O. Box NOT acceptable)	
	St. Petersburg	<sub>FL</sub> 33701	
•	City, S	tate and Zip	
confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are methe registered agent with the registered agent with the confirmed that the liability company or a fithe limited liability company.	ander the laws of the State of I ade, the Florida street address II be identical. Or, in the case change(s) was/were authorize as otherwise provided in the arompany.	of the registered office of a Florida limited d by an affirmative vote of
(Signature of a member or authorize	zed representative of a membe	r)	
Harry Dillor Madonna	· •···		
(Printed or typed name of signee)			***
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	s of all statutes relative if accept the obligation is document is being fithat the limited liability.	gent and agree to act in this ca to the proper and complete p s of my position as registered of iled to merely reflect a change y company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)		<del></del>	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314