2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000781

1. Entity Name
FLORIDA ELDERCARE LEASING, LLC

Principal Place of Business	Mailing Address
8800 GRAND OAK CIR., STE. 400 TAMPA, FL 33637	8800 GRAND OAK CIR., STE. 400 TAMPA, FL 33637

04132005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0500027
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A.
7777 GLADES RD., STE. 300
BOCA RATON, FL 33434

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000325071
04/22/05-80001-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRINITY VENTURES I, LLC
STREET ADDRESS	8800 GRANK OAK CIRCLE #400
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	MGRM
NAME	TRINITY VENTURES II, LLC
STREET ADDRESS	8800 GRANK OAK CIRCLE #400
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	MGRM
NAME	TRINITY VENTURES III, LLC
STREET ADDRESS	8800 GRANK OAK CIRCLE #400
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert L Robi 4/14/05 8135586539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #