

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001490

**FILED**  
**Jan 04, 2005**  
**Secretary of State**

**Entity Name:** SENIOR SOLUTIONS LLC

**Current Principal Place of Business:**

3550 TRADE STREET  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

5680 CAITO DRIVE  
SUITE 116  
INDIANAPOLIS, IN 46226 US

**New Mailing Address:**

**FEI Number:** 01-0763438      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORM-A-CORP LLC  
1070 EAST INDIANTOWN ROAD  
SUITE 308  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

CARLSON, PAUL G  
3550 TRADE STREET  
DELTONA, FL 32738 US

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.

SIGNATURE: PAUL G CARLSON

01/04/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CARLSON, PAUL  
Address: 11008 LAKE RUN DRIVE  
City-St-Zip: FISHERS, IN 46038 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL G CARLSON

MGRM

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date