

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003872 1. Entity Name GANESH ADULT FAMILY CARE HOME, LLC	
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Principal Place of Business 1447 S.E. 21ST STREET CAPE CORAL, FL 33990	Mailing Address 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
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01042005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3677495	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GANESH, EDWINA 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANESH, EDWINA 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANESH, SEEMANGAL 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
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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)(f), 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: *Edwina L. Ganesh*

04/15/05

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

Date Daytime Phone #