

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 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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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

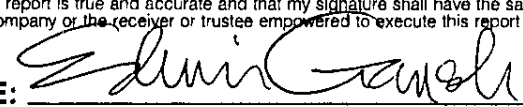
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANESH, EDWINA 1447 S.E. 21ST STREET CAPE CORAL, FL 33990
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IN THIS SPACE**

UD00000774400
01/07/08-80013-008 138.75

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:  **01/04/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #