
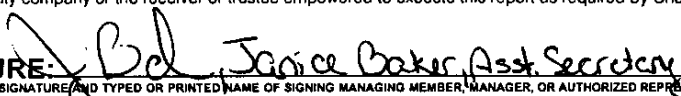


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90158 016 ****50.00

| | | | | | |
|--|--------------------------------------|---------------------|--|---|--|
| DOCUMENT # L03000007177 | | | |  | |
| 1. Entity Name SENIOR RESOURCE SERVICES, LLC | | | | | |
| Principal Place of Business 1001 HEATHROW PARK LANE, SUITE 5001 LAKE MARY, FL 32746 | | | Mailing Address P.O. BOX 958465 LAKE MARY, FL 32795-8465 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 01182006 Chg-LLC CR2E083 (11/05) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 56-2320735 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HOWE, DANILAS 1001 HEATHROW PARK LANE, SUITE 5001 LAKE MARY, FL 32746 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | State FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VANDERHORST, RICHARD L | NAME | | | |
| STREET ADDRESS | 4213 BRYNWOOD DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES, FL 34119 | CITY-ST-ZIP | | | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ENGLISH, PETER | NAME | | | |
| STREET ADDRESS | 1001 HEATHROW PARK LANE, SUITE 5001 | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | CITY-ST-ZIP | | | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRAY, DONALD M | NAME | | | |
| STREET ADDRESS | 1001 HEATHROW PARK LANE, SUITE 5001 | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | CITY-ST-ZIP | | | |
| TITLE | | TITLE | Assistant Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | Janice Baker | | |
| STREET ADDRESS | | STREET ADDRESS | 1001 Heathrow Pk Ln, Ste 5001 | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Lake Mary, FL 32746 | | |
| TITLE | | TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | Carl L. Cochran | | |
| STREET ADDRESS | | STREET ADDRESS | 1001 Heathrow Pk Ln, Ste 5001 | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Lake Mary, FL 32746 | | |
| TITLE | | TITLE | AVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | Brian Koopmans | | |
| STREET ADDRESS | | STREET ADDRESS | 1001 Heathrow Pk Ln, Ste 5001 | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Lake Mary, FL 32746 | | |
| 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:  | | | 1/18/06 407-945-8000, 8684 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT

20003885

January 13, 2006

SENIOR RESOURCE SERVICES, LLC
P.O. BOX 958465
LAKE MARY, FL 32795-8465

SUBJECT: SENIOR RESOURCE SERVICES, LLC
Ref. Number: L03000007177

We have received your document for SENIOR RESOURCE SERVICES, LLC and check(s) totaling \$45.00. However, your check(s) and document are being returned for the following:

Documents reinstating the above listed entity were previously filed with this office. Please see the attached computer printout.

YOU ONLY NEED TO FILE FOR 2006. PLEASE SEND CHECK FOR \$50.00 ALONG WITH THE 2006 REPORT.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 506A00002768