

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009509

FILED
Apr 03, 2009
Secretary of State

Entity Name: ORANGE PARK EXTENDED CARE LLC

Current Principal Place of Business:

1125 FLEMING PLANTATION BLVD.
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

6865 N. LINCOLN AVENUE
LINCOLNWOOD, IL 60712

New Mailing Address:

FEI Number: 20-0739986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESFORMES, MORRIS I
Address: 6865 N. LINCOLN AVE
City-St-Zip: LINCOLNWOOD, IL 60712

Title: MGR () Delete
Name: ROBERTS, SIDNEY W
Address: 120 CHIPOLA AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MORRIS ESFORMES

MGR

04/03/2009

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