

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010647

FILED
Jan 04, 2005
Secretary of State

Entity Name: LONG TERM CARE FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

10150 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 33610

New Principal Place of Business:

5439 BEAUMONT CENTER BLVD.
SUITE 1004
TAMPA, FL 33634

Current Mailing Address:

5215 JULES VERNE CT.
TAMPA, FL 33611

New Mailing Address:

5439 BEAUMONT CENTER BLVD.
SUITE 1004
TAMPA, FL 33634

FEI Number: 35-2200140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHOLSON, NEIL B
5215 JULES VERNE CT.
TAMPA, FL 33611 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/MEMBERS:

Title: MGR () Delete
Name: GHOLSON, MICHELE S
Address: 5215 JULES VERNE CT.
City-St-Zip: TAMPA, FL 33611

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: MICHELE S. GHOLSON

MGR

01/04/2005

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