

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010647

FILED
Jan 31, 2007
Secretary of State

Entity Name: LONG TERM CARE FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

5439 BEAUMONT CENTER BLVD.
SUITE 1004
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5439 BEAUMONT CENTER BLVD.
SUITE 1004
TAMPA, FL 33634

New Mailing Address:

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:

WEINER, RORY B PA
669A LUMSDEN RD.
BRANDON, FL 33511 US

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: RORY WEINER

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GHOLSON, NEIL B
Address: 5215 JULES VERNE CT.
City-St-Zip: TAMPA, FL 33611

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NEIL B. GHOLSON

PRES

01/31/2007

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