

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010647

FILED
Apr 16, 2008
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:

WEINER, RORY B PA
669A LUMSDEN RD.
BRANDON, FL 33511 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: MGRM () Delete
Name: GHOLSON, NEIL B
Address: 5215 JULES VERNE CT.
City-St-Zip: TAMPA, FL 33611

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:

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: NEIL B. GHOLSON

PRES

04/16/2008

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