

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010647

FILED  
Jan 14, 2009  
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 GHOLSON

PRES

01/14/2009

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