

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042368

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** TRANSITION OPTIONS FOR SENIORS, LLC

**Current Principal Place of Business:**

919 W SR 436  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

135 HILLTOP PLACE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

919 W SR 436  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

135 HILLTOP PLACE  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 56-2413903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURTIS, CATHERINE C  
919 W SR 436 STE 340  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

BURKE, CATHERINE A  
135 HILLTOP PLACE  
ALTAMONTE SPRINGS, FL 32701 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: CATHERINE A. BURKE

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CURTIS, CATHERINE C  
Address: 919 W SR 436 STE 340  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: BURKE, CATHERINE A  
Address: 135 HILLTOP PLACE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: CATHERINE A. BURKE

PRES

03/09/2009

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