

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001993

FILED
Apr 10, 2008
Secretary of State

Entity Name: WELLINGTON HOME OF PALM BEACH, L.L.C.

Current Principal Place of Business:

349 HONEYCOVE COURT
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

349 HONEYCOVE COURT
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 75-3143193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WILLIAM A
349 HONEY COVE CT., SW
FT. WALTON BEACH, FL 32548 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: DAVIS, WILLIAM A
Address: 349 HONEYCOVE COURT
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM () Delete
Name: DAVIS, JENNIFER E
Address: 349 HONEYCOVE COURT
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, WILLIAM A
Address: 349 HONEY COVE CT., SW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM (X) Change () Addition
Name: DAVIS, JENNIFER E
Address: 790 E. RAMBLING DRIVE
City-St-Zip: WELLINGTON, FL 33414

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: WILLIAM A. DAVIS

MGRM

04/10/2008

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