

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001993

FILED
Apr 01, 2009
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:

DAVIS, WILLIAM A MGRM
349 HONEY COVE CT., SW
FT. WALTON BEACH, FL 32548 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: WILLIAM A DAVIS

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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: WILLIAM A DAVIS

MGRM

04/01/2009

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