

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 21 AM 8:36

DOCUMENT # L04000025250

1. Entity Name  
LTCSP-ST. PETERSBURG, LLC



Principal Place of Business  
100 SECOND AVENUE SOUTH  
SUITE 901S  
ST. PETERSBURG, FL 33701 US

Mailing Address  
100 SECOND AVENUE SOUTH  
SUITE 901S  
ST. PETERSBURG, FL 33701 US

2. Principal Place of Business  
3479 54TH AVE. NORTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05172006 Chg-LLC CR2E083 (11/05)

City & State  
ST. PETERSBURG, FL

City & State

4. FEI Number  
20-1434722

Applied For  
Not Applicable

Zip  
33714

Country  
PINE IAS

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPECTOR GADON & ROSEN, PC  
360 CENTRAL AVENUE  
SUITE 1550  
ST. PETERSBURG, FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MADONNA, HARRY DILLON  
C/O AG&R, P.O. BOX 10867  
SAINT PETERSBURG, FL 337330867 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MADONNA, HARRY DILLON  
360 CENTRAL AVE, STE 1550  
ST. PETERSBURG, FL 33701 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GALLAHER, RHONDA  
109 ANTES LANE  
GRAMPIAN, PA 16838 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR/ADMINISTRATOR  
3479 54TH AVE. NORTH  
ST. PETERSBURG, FL 33714  
DAWN EDWARDS ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WYATT, DEE  
724 NORTH GOVENORS AVE  
DOVER, DE 199047238 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR/DIRECTOR OF NURSING  
3479 54TH AVE. NORTH  
ST. PETERSBURG, FL 33714  
DEE CARPENTER ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100076751831  
06/30/06--01010--013 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: HARRY DILLON MADONNA

5/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #