

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026299

Entity Name: LTCSP-PLANT CITY, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

2202 WEST OAK AVE  
PLLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 SECOND AVENUE SOUTH  
SUITE 901S  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 20-1434703      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE  
SUITE 1550  
ST. PETERSBURG, FL 33701 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: MGR ( ) Delete  
Name: MADONNA, HARRY DILLON  
Address: 360 CENTRAL AVE STE 1550  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: ADMINISTRATOR,  
Address: 2202 WEST OAK AVE  
City-St-Zip: PLANT CITY, FL 33563

Title: MGR ( ) Delete  
Name: DIRECTOR OF NURSING,  
Address: 2202 WEST OAK AVE  
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HARRY DILLON MADONNA

MGR

05/01/2007

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