
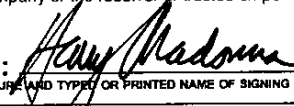


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 10:03

DOCUMENT # L04000026427 1. Entity Name ISLF-REGENTS PARK-WINTER PARK, 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 558 N. SEMORAN BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State 		4. FEI Number 20-0983133	
Zip 32792		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE SUITE 1550 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	D GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838	<input checked="" type="checkbox"/> Delete	TITLE	MEMBER ADMINISTRATOR 558 N. SEMORAN BLVD WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	MGR MADONNA, HARRY D C/O SG&R PO BOX 10867 SAINT PETERSBURG, FL 337330867	<input type="checkbox"/> Delete	TITLE	MGR MADONNA, HARRY DILLON 360 CENTRAL AVE., STE 1550 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D WYATT, DEE 724 N GOVERNORS AVENUE DOVER, DE 199047328	<input checked="" type="checkbox"/> Delete	TITLE	MEMBER DIRECTOR OF NURSING 558 N. SEMORAN BLVD WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
STREET ADDRESS					
CITY-ST-ZIP					
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			5/9/06 727-824-8800 <small>Date Daytime Phone #</small>		