

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000034784

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** SKILLED SERVICES OF COLORADO, LLC

**Current Principal Place of Business:**

11300 4TH STREET N.  
SUITE 200  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

11300 4TH STREET N.  
SUITE 200  
ST. PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 20-1161212      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LEGAL ZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SKILLED SERVICES COR, PORATION  
Address: 11300 4TH STREET N., SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33716 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TAMARA BELL

ACCT

04/29/2005

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