2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035305

1. Entity Name
ADVANCED AGING CONSULTANTS OF SOUTHWEST FLORIDA, LLC

Principal Place of Business	Mailing Address
1230 NOTTINGHAM DRIVE NAPLES, FL 34109	1230 NOTTINGHAM DRIVE NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

04112006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1041262	Not Applicable

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

6. Name and Address of Current Registered Agent

LEVITT, JEREMY
1230 NOTTINGHAM DRIVE
NAPLES, FL 34109

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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 _Rosemarie V. Murphy_   4/12/06
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

0000000509627
04/28/06-80052-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LEVITT, JEREMY
STREET ADDRESS	1230 NOTTINGHAM DRIVE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	MGR
NAME	MURPHY, ROSEMARIE V
STREET ADDRESS	2375 HARMONY LANE, UNIT 104
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Rosemarie V. Murphy_   4/12/06   239-594-7629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #