


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90149 027 ****50.00

DOCUMENT # L04000035305	
1. Entity Name ADVANCED AGING CONSULTANTS OF SOUTHWEST FLORIDA, LLC	

Principal Place of Business 1230 NOTTINGHAM DRIVE NAPLES, FL 34109	Mailing Address 1230 NOTTINGHAM DRIVE NAPLES, FL 34109
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2. Principal Place of Business - No P.O. Box # 2375 Harmony Lane Suite, Apt. #, etc. Unit 104	3. Mailing Address 2375 Harmony Lane Suite, Apt. #, etc. Unit 104
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City & State Naples, Florida	City & State Naples Florida
Zip 34109	Country USA
Zip 34109	Country USA



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1041262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVITT, JEREMY
1230 NOTTINGHAM DRIVE
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: Rosemarie V. Murphy
 Street Address (P.O. Box Number is Not Acceptable):
2375 Harmony Lane, Unit 104
 City: Naples FL Zip Code: 34109

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. Rosemarie V. Murphy

SIGNATURE: Rosemarie V. Murphy DATE: 1/17/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVITT, JEREMY 1230 NOTTINGHAM DRIVE NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, ROSEMARIE V 2375 HARMONY LANE, UNIT 104 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rosemarie V. Murphy DATE: 1/17/07 DAYTIME PHONE #: 239 594 7629

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