

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046804

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** GOLD FINCH MARKETING, LLC

**Current Principal Place of Business:**

5439 BEAUMONT CENTER BLVD  
SUITE 1004  
TAMPA, FL 33634

**New Principal Place of Business:**

5439 BEAUMONT CENTER BLVD  
SUITE 1000  
TAMPA, FL 33634

**Current Mailing Address:**

5439 BEAUMONT CENTER BLVD  
SUITE 1004  
TAMPA, FL 33634

**New Mailing Address:**

5439 BEAUMONT CENTER BLVD  
SUITE 1000  
TAMPA, FL 33634

**FEI Number:** 30-0265453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEINER, RORY B PA  
669A WEST LUMSDEN RD  
BRANDON, FL 33511 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: MGRM  
Name: LONG TERM CARE FINANCIAL SOLUTIONS, LLC  
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1000  
City-St-Zip: TAMPA, FL 33634

Title: MGRM  
Name: GHOLSON, MICHELE S VP  
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1000  
City-St-Zip: TAMPA, FL 33634

I hereby 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: NEIL B. GHOLSON

PRES

03/15/2011

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