


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000052134</b> 1. Entity Name <b>SENIOR PROTECTIVE SERVICES OF FLORIDA, L.L.C.</b>					
Principal Place of Business <b>6331 S.W. 36TH STREET MIAMI FL 33155</b>			Mailing Address <b>6331 S.W. 36TH STREET MIAMI FL 33155</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>54-2473047</b>	
6. Name and Address of Current Registered Agent  <b>SHERLOCK, LUKE G III 4000 NORTH FEDERAL HIGHWAY, SUITE 201 BOCA RATON FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2006</b> </div>				DATE <b>05/10/06-80030-023 50.00</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OGDEN, KATHY J 6331 S.W. 36TH STREET MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E083 (10/05)

5. Certificate of Status Desired ☐ Applied For  
☐ Not Applicable

**\$5.00** Additional Fee Required

**FL** | Zip Code

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Kathy J Ogden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/24/06*  
 Date

Daytime Phone #