

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053965

FILED
May 14, 2007
Secretary of State

Entity Name: ST. PETERSBURG NURSING HOME, LLC

Current Principal Place of Business:

7201 SHALLOWFORD RD
SUITE 200
CHATTANOOGA, TN 37421

New Principal Place of Business:

Current Mailing Address:

7201 SHALLOWFORD RD
SUITE 200
CHATTANOOGA, TN 37421

New Mailing Address:

FEI Number: 11-3723928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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 () Delete
Name: DEFOOR, P. BYRON
Address: 7201 SHALLOWFORD RD. SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OBRIEN, J P JR
Address: 7201 SHALLOWFORD RD. SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: S () Change (X) Addition
Name: TAYLOR, CRAIG
Address: 7201 SHALLOWFORD ROAD, SUITE 200
City-St-Zip: CHATTANOOGA, TN 37421

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CRAIG TAYLOR

S

05/14/2007

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