

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079483

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** TYRONE ASSISTED SERVICES, LLC

**Current Principal Place of Business:**

777 S. HARBOUR ISLAND BLVD.  
SUITE 260  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

777 S. HARBOUR ISLAND BLVD.  
SUITE 260  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 86-1119453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMARCA, MICHAEL C  
777 S. HARBOUR ISLAND BLVD.  
SUITE 260  
TAMPA, FL 33602 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:** DEMARCA, L.L.C.,  
**Address:** 777 S. HARBOUR ISLAND BLVD., SUITE 260  
**City-St-Zip:** TAMPA, FL 33602 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** MICHAEL DEMARCA

MGR

01/11/2006

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