

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091025

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** LAKEVIEW TERRACE HEALTH CARE CENTER, LLC

**Current Principal Place of Business:**

1890 STATE RD 436, STE 300  
WINTER PARK, FL 327922285 US

**New Principal Place of Business:**

**Current Mailing Address:**

1890 STATE RD 436, STE 300  
WINTER PARK, FL 327922285 US

**New Mailing Address:**

**FEI Number:** 01-0745756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHULTZ, KENNETH H  
1890 STATE RD 436, STE 300  
WINTER PARK, FL 327922285 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:** COMMUNITY SUPPORTS, INC.  
**Address:** 1890 STATE RD 436, STE 300  
**City-St-Zip:** WINTER PARK, FL 327922285 US

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: KENNETH SCHULTZ

ST

03/14/2012

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