## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004730

Entity Name: MAXIMIZED LIVING CENTERS, LLC

FILED Jan 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2515 NORTHBROOK PLAZA DRIVE 2515 NORTHBROOKE PLAZA DR.

SUITE 102 SUITE 102

NAPLES, FL 34119 NAPLES, FL 34119

**Current Mailing Address: New Mailing Address:** 

2515 NORTHBROOKE PLAZA DRIVE 13965 W. CHINDEN BLVD. SUITE 102

SUITE 102 BOISE, ID 83713

FEI Number: 20-2163286 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MICHAEL STRATTON, P.A. 1615 EDGEWATER DRIVE STE 150 ORLANDO, FL 32804

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:

NAPLES, FL 34119

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

LERNER OF CELEBRATIO, N LIMITED PART N ERSHIP Name: Name: Address: 604 FRONT STREET Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: GREGORY, LOMAN Name: Address: 2515 NORTHBROOKE PAZA DRIVE #102 Address: City-St-Zip: NAPLES, FL 34119 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: GREGORY LOMAN **MGRM** 01/11/2007