

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022956

FILED
Jan 10, 2007
Secretary of State

Entity Name: GERI-CARE CONNECTION SOUTH LLC

Current Principal Place of Business:

9300 SW 8TH ST
APT 410
BOCA RATON, FL 33428

Current Mailing Address:

9300 SW 8TH ST
APT 410
BOCA RATON, FL 33428

New Principal Place of Business:

401 W. ATLANTIC BLVD.
014
DELRAY BEACH, FL 33444

New Mailing Address:

158 JELLIFF MILL RD.
NEW CANAAN, CT 06840

FEI Number: 75-3185489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY S. GEROW, P.A.
4800 NORTH FEDERAL HWY
SUITE 307B
BOCA RATON, FL 33431 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: FARNHAM, JOHN PAULDING III
Address: 9300 SW 8TH ST, APT 410
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM () Delete
Name: FARNHAM, RINDA
Address: 9300 SW 8TH ST, APT 410
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARNHAM, JOHN PAULDING III
Address: 2542 BESSIE ST.
City-St-Zip: BOCA RATON, FL 33444

Title: MGRM (X) Change () Addition
Name: FARNHAM, RINDA
Address: 158 JELLIFF MILL RD.
City-St-Zip: NEW CANAAN, CT 06840

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: RINDA FARNHAM

MS

01/10/2007

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