

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024096

FILED
Feb 04, 2006
Secretary of State

Entity Name: LEHIGH ACRES LONG TERM CARE, LLC

Current Principal Place of Business:

C/O DON LOGUE
6350 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Principal Place of Business:

C/O DON LOGUE
1550 LEE BLVD.
LEHIGH ACRES, FL 33936

Current Mailing Address:

C/O DON LOGUE
6350 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Mailing Address:

C/O HENRY MILLER
12620 LAMPLIGHTER SQUARE
ST. LOUIS, MO 63128

FEI Number: 20-4244969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASWELL, CHRIS
2364 FRUITVILLE RD
SARASOTA, FL 34237 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LOGUE, DON MEMBER
Address: 1550 LEE BLVD.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Change (X) Addition
Name: MILLER, HENRY C MEMBER
Address: 12620 LAMPLIGHTER SQUARE
City-St-Zip: ST. LOUIS, MO 63128

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: HENRY C. MILLER

MGRM

02/04/2006

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