

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026010

FILED
Jul 05, 2006
Secretary of State

Entity Name: LONG TERM CARE INSURANCE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

6743 TIFFANY ROSE PLACE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

6743 TIFFANY ROSE PLACE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOLLAR, LINDA L
6743 TIFFANY ROSE PLACE
SANFORD, FL 32771 US

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: MS. () Delete
Name: LOLLAR, LINDA L
Address: 6743 TIFFANY ROSE PLACE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: MS. (X) Change () Addition
Name: LOLLAR, LINDA L
Address: 6743 TIFFANY ROSE PLACE
City-St-Zip: SANFORD, FL 32771

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: LINDA L LOLLAR

MS.

07/05/2006

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