


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000031070</b> 1. Entity Name SENIOR CARE OF ST. JOHNS MANAGEMENT, LLC	
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Principal Place of Business 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619	Mailing Address 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619
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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2595520	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  REBECCA G. THORN 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

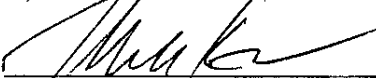
SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	000000856654 03/28/08-80021-014 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENIOR CARE GROUP, INC. 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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