

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065556

FILED
Apr 24, 2006
Secretary of State

Entity Name: SKILLED SERVICES OF SOUTH CAROLINA, LLC

Current Principal Place of Business:

11300 4TH STREET N.
SUITE 100
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

11300 4TH STREET N.
SUITE 100
ST. PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 20-2954793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER STREET
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

SEMBLER INVESTMENTS REAL ESTATE SERVICES
11300 4TH STREET NORTH
200
ST. PETERSBURG, FL 33716 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: JULIE FANELLI

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEEKINS, JOHN
Address: 11300 4TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33716 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEEKINS, JOHN
Address: 11300 4TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGRM () Change (X) Addition
Name: SKILLED SERVICES COR, PORATION
Address: 11300 4TH STREET NORTH, #100
City-St-Zip: ST. PETERSBURG, FL 33716

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: TAMARA BELL

MGR

04/24/2006

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