


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000085669 1. Entity Name SEVEN HILLS CENTER, LLC	
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Principal Place of Business 8245 RIVER COUNTRY DRIVE SPRING HILL, FL 34607	Mailing Address 8245 RIVER COUNTRY DRIVE SPRING HILL, FL 34607
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3567284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NAPOLITANO, PETER A ESQ. 8406 MASSACHUSETTS AVE., SUITE A-1 NEW PORT RICHEY, FL 34653
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000943999
05/29/08-80083-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NAPOLITANO, PETER A 8245 RIVER COUNTRY DRIVE SPRING HILL, FL 34607
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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.

SIGNATURE: 	Date X 4/30/08	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		