## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 30, 2006 8:00 am Secretary of State

ANNOAL KEFOKI							$IJ$ or $\approx 0$	
DOCUMENT # L05000095261  1. Entity Name WELLINGTON LIFE CARE ASSOCIATES, LLC						03-30-2006 9	90195 047 ****5	0.00
Principal Place of Business Mailing Address							•	
1601 BELVE	DERE ROAD	1601 BELVEDERE ROAD			-			
407 SOUTH 407 SOUTH					1			
WEST PALM I	BEACH, FL 33406 US	WEST PALM BEACH, FL	33406	US		PRINI RIVII RAIM ARMI PRIM	ESIES (E181 SAID 11816 E119) AN	P3 81 111 1 <b>72</b> 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number 20 — 3 5 4 / 3 5 3 Not Applied For Not Applicable				
Zip Country		Zip Country		у	1	of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	egistered Agent	
Ď.				Name				
MEYER, W 1601 BEL\ 407 SOUT	/EDERE ROAD			Street Address (	P.O. Box Number is Not Acceptable)			
WEST PALM BEACH, FL 33406				•				
	į, į	City				FL Zip Cod	e	
8. The above the obligat	named entity submits this statement fo ions of registered agent.	the purpose of changing its i	registered	d office or register	red agent, or bot	h, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if engicable (NOTF:	· Ranisterad /	Agent signature required	t when reinstation)		DATE	
, , , , , , , , , , , , , , , , , , ,								
Filing Fee is \$50.00					Make	check payable to		
Due by May 1, 2006				Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
IIĪLĒ	MGR '	☐ Delete	TITLE	<del></del>	<del></del>	ADDITIONO	☐ Change	Addition
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STREET ADDRESS								
CITY-ST-ZIP				ADDRESS				1
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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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William A. Meyer

March 3, 2006 561-689-6602

Daytime Phone #