

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110663

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** HARMONY HALL ADULT FAMILY CARE HOME "LLC"

**Current Principal Place of Business:**

1023 ALMERIA RD  
WEST PALM BEACH, 33405

**New Principal Place of Business:**

1023 ALMERIA RD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

1023 ALMERIA RD  
WEST PALM BEACH, 33405

**New Mailing Address:**

1023 ALMERIA RD  
WEST PALM BEACH, FL 33405

**FEI Number:** 20-3815427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORBES, VALERIE  
1023 ALMERIA RD  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FORBES, VALERIE M  
Address: 1023 ALMERIA RD  
City-St-Zip: WEST PALM BEACH, FL 33467

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: VALERIE FORBES

MGRM

04/27/2006

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