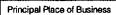
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000011257

1. Entity Name

GUARDIAN CASE MANAGEMENT & SENIOR ASSESSMENTS, LLC



Mailing Address

DO NOT WRITE IN THIS SPACE

610 PALM DRIVE

SATELLITE BEACH, FL 32937

610 PALM DRIVE SATELLITE BEACH, FL 32937



FILED Jul 15, 2008 08:00 AM Secretary of State



07042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4308620

5. Certificate of Status Desired

Applied For Not Applicable \$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MACKEY, GAIL RANEA 610 PALM DRIVE SATELLITE BEACH, FL 32937

DO NOT WRITE IN THIS SPACE

8.	3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of R the obligations of registered agent.	orida. I am familiar with, and accept
SI	SIGNATURE	

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

U00000954970 07/15/08-80005-021 543.75

DATE

9. MANAGING MEMBERS/MANAGERS MGR TITLE MACKEY, GAILE RANEA NAME 610 PALM DRIVE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 of fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUT

NAME OF THE PERSON NAME OF TAXABLE

Destina P