

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036921

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** SCI-ALF CAMELLIA OPERATOR, LLC

**Current Principal Place of Business:**

1123 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**Current Mailing Address:**

1123 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**New Mailing Address:**

1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

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

THORN, REBECCA G  
1240 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619 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: REBECCA G. THORN

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SENIOR CARE INTERNAT, IONAL, INC.  
Address: 1123 MARBELLA PLAZA DRIVE  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SENIOR CARE INTERNAT, IONAL, INC.  
Address: 1240 MARBELLA PLAZA DRIVE  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify 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: REBECCA G. THORN

MGR

04/27/2007

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