


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90275 036 *****55.00

DOCUMENT # L06000059645 1. Entity Name LAKEVIEW TERRACE HOME HEALTH SERVICES, LLC					
Principal Place of Business 1095 WEST MORSE BLVD. WINTER PARK, FL 32789			Mailing Address 1095 WEST MORSE BLVD. WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5291210	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEUKAMM, MICHAEL E 1095 WEST MORSE BLVD. WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Kenneth H. Schultz Street Address (P.O. Box Number is Not Acceptable) 1095 W. Morse Blvd. City Winter Park FL Zip Code 32789		
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 <u><i>Kenneth Schultz</i></u> <small>Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)</small>				02/14/07 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Kenneth Schultz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Kenneth Schultz		02/14/07 (407) 645-3211 x135 <small>Date Daytime Phone #</small>

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