

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059645

FILED
Feb 04, 2009
Secretary of State

Entity Name: LAKEVIEW TERRACE HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

1095 WEST MORSE BLVD.
WINTER PARK, FL 32789

New Principal Place of Business:

1095 WEST MORSE BOULEVARD
WINTER PARK, FL 32789

Current Mailing Address:

1095 WEST MORSE BLVD.
WINTER PARK, FL 32789

New Mailing Address:

1095 WEST MORSE BOULEVARD
WINTER PARK, FL 32789

FEI Number: 20-5291210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHULTZ, KENNETH H
1095 WEST MORSE BLVD.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SCHULTZ, KENNETH H
1095 WEST MORSE BOULEVARD
WINTER PARK, FL 32789 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:

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMMUNITY SUPPORTS., INC.
Address: 1095 W MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COMMUNITY SUPPORTS., INC.
Address: 1095 WEST MORSE BOULEVARD
City-St-Zip: WINTER PARK, FL 32789

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: KENNETH SCHULTZ

ST

02/04/2009

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