

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063776

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: SELAH SENIORCARE-AVONLEA, LLC

## Current Principal Place of Business:

265 NORTH ROSCOE BLVD.  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

50 A1A NORTH  
SUITE 110  
PONTE VEDRA BEACH, FL 32082 US

## Current Mailing Address:

265 NORTH ROSCOE BLVD.  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

50 A1A NORTH  
SUITE 110  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 20-5986097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FILIPPONE, WILLIAM T  
265 NORTH ROSCOE BLVD.  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

FILIPPONE, WILLIAM T  
50 A1A NORTH  
SUITE 110  
PONTE VEDRA BEACH, FL 32082 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: WILLIAM T FILIPPONE

03/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

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

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

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: PARRISH, ALAN D  
Address: 50 A1A NORTH, SUITE 110  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Change (X) Addition  
Name: FILIPPONE, WILLIAM T  
Address: 50 A1A NORTH, SUITE 110  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Change (X) Addition  
Name: HEMINGWAY, CHARLES  
Address: 50 A1A NORTH, SUITE 110  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Change (X) Addition  
Name: TREFZGLER, CHARLES  
Address: 50 A1A NORTH, SUITE 110  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: ALAN D. PARRISH

MGRM

03/23/2007

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