

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090985

Entity Name: LIVING TRANSITIONS, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

1757 EAST AVENUE N
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1757 EAST AVENUE N
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 20-5592076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, MICHAEL
1757 EAST AVENUE N
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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:

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:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JACOBSON, MICHAEL W
Address: 7430 PALMER GLEN CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: MGR () Change (X) Addition
Name: LEACH, BROCK
Address: 5315 HIDDEN HARBOR RD
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Change (X) Addition
Name: RIPLEY, ROBERT
Address: 5018 HIGAL AVE
City-St-Zip: SARASOTA, FL 34242

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: MICHAEL JACOBSON

MGR

04/25/2007

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