

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100818

FILED
Feb 08, 2007
Secretary of State

Entity Name: NURSING FACILITY OPERATOR, LLC

Current Principal Place of Business:

1191 BANBURY TRAIL
MAITLAND, FL 32751

New Principal Place of Business:

421 MONTGOMERY RD.
SUITE 141
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1191 BANBURY TRAIL
MAITLAND, FL 32751

New Mailing Address:

PO BOX 160056
ALTAMONTE SPRINGS, FL 32716

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAMBOL, STEPHEN B
100 S. ORANGE AVENUE
SUITE 200
ORLANDO, FL 32801 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: MGRM () Delete
Name: MEITIN, SHERYL
Address: 1191 BANBURY TRAIL
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEITIN, SHERYL
Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: SHERYL MEITIN

MGRM

02/08/2007

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