2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113510

City-St-Zip:

Entity Name: LOVING CARE ASSISTED LIVING, LLC

FILED May 04, 2007 Secretary of State

Current P	rincipal Place of Business:	New Princip	New Principal Place of Business:	
870 7TH A LARGO, FI	VENUE N.E. L 33770			
Current M	ailing Address:	New Mailing	g Address:	
870 - 7TH AVENUE N.E. LARGO, FL 33770			870 7TH AVE N.E. LARGO, FL 33770	
In accordan	20-5937138 FEI Number Applie ce with s. 607.193(2)(b), F.S., the limito Address of Current Registered	ed liability company did not receive the		
MELVILLE, MARCO A 870 - 7TH AVENUE N.E. LARGO, FL 33770 US		1408 WILSC	MELVILLE, MARCO A 1408 WILSON RD CLEARWATER, FL 33755 US	
	named entity submits this statem e of Florida.	nent for the purpose of changing its	registered office or registered agent, or both,	
SIGNATUF	RE: MARCO MELVILLE		05/04/2007	
	Electronic Signature of Re	gistered Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CH	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete MELVILLE, MARCO A 870 - 7TH AVENUE N.E. LARGO, FL 33770	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Name: Address:	MGRM () Change (X) Addition MERCALDI, MACARIA E 1408 WILSON RD CLEARWATER, FL 33755	
Title: Name: Address: City-St-Zip:	() Delete	Name: Address:	MGRM () Change (X) Addition MELVILLE, NELLY E 2062 BUTTERNUT CIR E CLEARWATER, FL 33755	

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: MARCO MELVILLE **MGRM** 05/04/2007