

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026623

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ALONDA STEWARD SUPERIOR CARE, LLC

**Current Principal Place of Business:**

P.O. BOX 2266  
JACKONVILLE, FL 32203

**New Principal Place of Business:**

3542 PENTON STREET  
JACKONVILLE, FL 32209

**Current Mailing Address:**

P.O. BOX 2266  
JACKONVILLE, FL 32203

**New Mailing Address:**

3542 PENTON STREET  
JACKONVILLE, FL 32209

FEI Number: 41-2231619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEYAH, MALACHI S  
2424 N MYRTLE AVENUE, SUITE 3  
JACKSONVILLE, FL 32209 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: CEO ( ) Delete  
Name: STEWARD, ALONDA  
Address: P.O. BOX 2266  
City-St-Zip: JACKSONVILLE, FL 32203

Title: VP ( ) Delete  
Name: BEYAH, MALACHI S  
Address: 2424 N MYRTLE AVENUE, SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: STEWARD, ALONDA  
Address: 3542 PENTON STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALONDA L. STEWARD

CEO

04/30/2008

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