

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034847

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** LIFE TRANSITIONS CARE MANAGEMENT LLC

**Current Principal Place of Business:**

5438 DUBOIS AVENUE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

5438 DUBOIS AVENUE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

**FEI Number:** 20-8937428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACFADYEN, BONNIE R  
5438 DUBOIS AVENUE  
PORT ORANGE, FL 32127 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  
**Name:** MACFADYEN, IRENE L  
**Address:** 225 HARPERS FERRY DRIVE  
**City-St-Zip:** DAYTONA BEACH, FL 32119 US

**Title:** MGRM  
**Name:** MACFADYEN, BONNIE R  
**Address:** 5438 DUBOIS AVENUE  
**City-St-Zip:** PORT ORANGE, FL 32127 US

I hereby 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:** BONNIE R MACFADYEN

MGRM

02/23/2011

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