2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L07000068282

Entity Name: FLORIDA LONG TERM CARE & MEDICAID PLANNING CONSULTANTS, LLC

Current Principal Place of Business:

721 VERONA STREET
SUITE 100
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

721 VERONA STREET
SUITE 100
KISSIMMEE, FL 34741 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MAIN, GEORGE
721 VERONA STREET
SUITE 100
KISSIMMEE, FL 34741 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: LITTLEFIELD, ROSS
Address: 721 VERONA STREET, SUITE 100
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM ( ) Delete
Name: LITTLEFIELD, LINDA
Address: 721 VERONA STREET, SUITE 100
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

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

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: ROSS LITTLEFIELD MNG 01/04/2008

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