2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2008
Secretary of State

DOCUMENT# L07000116086

Entity Name: RIVERMEADOWS SENIOR CARE SERVICES,LLC

Current Principal Place of Business:

4801 POND RIDGE DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

2318 CHERRY RIDGE LANE
BRANDON, FL 33569 US

Current Mailing Address:

4801 POND RIDGE DRIVE
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: 26-2344826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
#347
PEMBROKE PINES, FL 33027 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: SPENCE, KEVIN O
Address: 4801 POND RIDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM ( ) Delete
Name: SPENCE, LORY UNIVERSE C
Address: 4801 POND RIDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 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: KEVIN SPENCE MGRM 07/06/2008

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