

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126483

FILED  
Jul 06, 2008  
Secretary of State

**Entity Name:** GREENE ACRES ADULT FAMILY CARE HOME, LLC

**Current Principal Place of Business:**

575 WEST SHARPE LANE  
LECANTO, FL 34461

**New Principal Place of Business:**

575 WEST SHARP LANE  
LECANTO, FL 34461

**Current Mailing Address:**

575 WEST SHARPE LANE  
LECANTO, FL 34461

**New Mailing Address:**

575 WEST SHARP LANE  
LECANTO, FL 34461

FEI Number: 83-0502234      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:**

GREENE, KATHRYN R  
615 WEST SHARPE LANE  
LECANTO, FL 34461      US

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

GREENE, KATHRYN R  
575 WEST SHARP LANE  
LECANTO, FL 34461      US

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: \_\_\_\_\_

07/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GREENE, KATHRYN R  
Address: 615 WEST SHARPE LANE  
City-St-Zip: LECANTO, FL 34461

Title: MGRM      ( ) Delete  
Name: GREENE, JOHN B  
Address: 615 WEST SHARPE LANE  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: GREENE, KATHRYN R  
Address: 575 WEST SHARP LANE  
City-St-Zip: LECANTO, FL 34461

Title: MGRM      (X) Change ( ) Addition  
Name: GREENE, JOHN B  
Address: 575 WEST SHARP LANE  
City-St-Zip: LECANTO, FL 34461

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: KATHRYN R. GREENE

AGEN

07/06/2008

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