2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2010
Secretary of State

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Entity Name: GREENE ACRES ADULT FAMILY CARE HOME, LLC

Current Principal Place of Business:

575 WEST SHARP LANE
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

575 WEST SHARP LANE
LECANTO, FL 34461

New Mailing Address:

FEI Number: 83-0502234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, KATHRYN R
575 WEST SHARP LANE
LECANTO, FL 34461 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: GREENE, KATHRYN R
Address: 575 WEST SHARP LANE
City-St-Zip: LECANTO, FL 34461

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

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 Statues.

SIGNATURE: KATHRYN R. GREENE MGRM 04/14/2010

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