2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012571

Entity Name: MANLEY'S ADULT FAMILY CARE HOME LLC

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13063 LITTLE FARMS DR 13063 LITTLE FARMS DR. SPRING HILL, FL 34609 SPRING HILL, FL 34609 **Current Mailing Address: New Mailing Address:** 13063 LITTLE FARMS DR 13063 LITTLE FARMS DR. SPRING HILL, FL 34609 SPRING HILL, FL 34609 FEI Number: 41-2263598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANLEY, JOHN D 13063 LITTLE FARMS DR SPRING HILL, FL 34609 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete

MANLEY, JOHN D Name: Address: 13063 LITTLE FARMS DR City-St-Zip: SPRING HILL, FL 34609

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: JOHN D. MANLEY 01/09/2009