2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# L08000075304

Entity Name: NELSON'S ADULT FAMILY CARE HOME, "LLC"

Current Principal Place of Business:

2806 NW 15TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2806 NW 15TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 32-0257818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SONJA J
2806 NW 15TH STREET
FORT LAUDERDALE, FL 33311 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: MGR ( ) Delete
Name: NELSON, ANTHONY K SR.
Address: 2806 NW 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MM ( ) Change (X) Addition
Name: NELSON, SONJA J
Address: 2806 NW 15TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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: SONJA JH NELSON MM 05/09/2009

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