

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080909

FILED  
Jun 10, 2009  
Secretary of State

**Entity Name:** NATIONS ELDER CARE DEVELOPMENT LLC

**Current Principal Place of Business:**

159 LANTANA AV  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

501 N. ORLANDO AVE.  
SUITE 313-188  
WINTER PARK, FL 32789

**Current Mailing Address:**

159 LANTANA AV  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

501 N. ORLANDO AVE.  
SUITE 313-188  
WINTER PARK, FL 32789

FEI Number: 26-3239709      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:**

COYNE, ROBERT REV.  
159 LANTANA AV  
FLAGLER BEACH, FL 32136      US

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

ROBERT, COYNE REV  
501 N. ORLANDO AVE  
SUITE 313-188  
WINTER PARK, FL 32789      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: ROBERT COYNE REV.

06/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: COYNE, ROBERT REV.  
Address: 159 LANTANA AV  
City-St-Zip: FLAGLER BEACH, FL 32136

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

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: COYNE, ROBERT REV.  
Address: 501 N ORLANDO AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR      ( ) Change      (X) Addition  
Name: ROSEMARIE, WILDER  
Address: 159 LANTANA AV  
City-St-Zip: FLAGLER BEACH, FL 32136

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: ROBERT COYNE REV.

MGR

06/10/2009

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