

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108665

FILED  
Mar 03, 2010  
Secretary of State

**Entity Name:** AMERICAN SENIORS WORKSHOPS LLC

**Current Principal Place of Business:**

3375-H CAPITAL CIRCLE N.E., STE. 1  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

3375-H CAPITAL CIRCLE N.E., STE. 4  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3375-H CAPITAL CIRCLE N.E., STE. 1  
TALLAHASSEE, FL 32308

**New Mailing Address:**

3375-H CAPITAL CIRCLE N.E., STE. 4  
TALLAHASSEE, FL 32308

**FEI Number:** 26-3873465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: DURHAM, LEANNE  
Address: 3375-H CAPITAL CIRCLE N.E., STE. 1  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: DURHAM, WILLIAM M  
Address: 3375-H CAPITAL CIRCLE N.E., STE. 1  
City-St-Zip: TALLAHASSEE, FL 32308

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 Statutes.

SIGNATURE: LEANNE DURHAM

MGRM

03/03/2010

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