

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074321

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** SENIOR CARE SWFL DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

6230 SHIRLEY STREET, #202  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6230 SHIRLEY STREET, #202  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 27-0700994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KERNER, MICHAEL  
6230 SHIRLEY STREET, #202  
NAPLES, FL 34109 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:** KERNER, MICHAEL  
**Address:** 6230 SHIRLEY STREET, #202  
**City-St-Zip:** NAPLES, FL 34109

**Title:** MGRM  
**Name:** REINDERS, GERRIT  
**Address:** 6230 SHIRLEY STREET, #202  
**City-St-Zip:** NAPLES, FL 34109

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:** MICHAEL KERNER

MGR

02/25/2010

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