
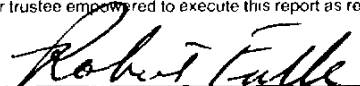


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED	
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>				99 APR 30 PM 3: 19	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000001202</b>  ELDER CARE OF PENSACOLA, L.C. 107 BRANDON AVE. PENSACOLA FL 32507		1a. Principal Place of Business Address 107 BRANDON AVE. PENSACOLA FL 32507			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/18/1996	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				59-3423049	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				02/26/1998	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
FULLE, ROBERT N <del>4612-B BELLEVIEW AVENUE</del> PENSACOLA FL 32526  2380 URSULA LANE			Name  Street Address (P.O. Box Number is Not Acceptable) <del>700002870387</del> Suite, Apt. #, etc. -05/11/93 - 01006--016 ****197.50 ****197.50 City Zip Code <b>FL</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when making change)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	FULLE, ROBERT N	<del>4612-B BELLEVIEW AVENUE</del> 2380 URSULA LANE	PENSACOLA FL		
MGRM	HENSON-FULLE, PATRICIA	<del>4612-B BELLEVIEW AVENUE</del> 2380 URSULA LANE	PENSACOLA FL		
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____				2/20/99 850 994-2608	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MEMBER/MANAGER/FORMER OFFICER		DATE		FILING FEE #	