

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001202

FILED  
Jan 17, 2004  
Secretary of State

**Entity Name:** ELDER CARE OF PENSACOLA, L.C.

**Current Principal Place of Business:**

107 BRANDON AVE.  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

107 BRANDON AVE.  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 59-3423049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FULLE, ROBERT N  
107 BRANDON AVE.  
PENSACOLA, FL 32507 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FULLE, ROBERT N  
Address: 2380 URSULA LANE  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete  
Name: HENSON-FULLE, PATRICIA T  
Address: 2380 URSULA LANE  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 FULLE

MGRM

01/17/2004

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