


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000001202
 1. Entity Name
 ELDER CARE OF PENSACOLA, L.C.



Principal Place of Business Mailing Address
 107 BRANDON AVE. 107 BRANDON AVE.
 PENSACOLA, FL 32507 PENSACOLA, FL 32507

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03222005 No Chg-LLC CR2E083 (10/03)

4. FCI Number Applied For
 59-3423049 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FULLE, ROBERT N
 107 BRANDON AVE.
 PENSACOLA, FL 32507

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title, if applicable NOTE: Registered Agent signature required when reappointing

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FULLE, ROBERT N
STREET ADDRESS	2380 URSULA LANE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	MGRM
NAME	HENSON-FULLE, PATRICIA T
STREET ADDRESS	2380 URSULA LANE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 606, Florida Statutes.

SIGNATURE: Robert Fulle 3/23/05 P509446937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Digi. Ltr. Phone #