

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
03 APR -2 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000001202					
1. Entity Name ELDER CARE OF PENSACOLA, L.C.					
Principal Place of Business 107 BRANDON AVE. PENSACOLA, FL 32507			Mailing Address 107 BRANDON AVE. PENSACOLA, FL 32507		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3423049	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FULLE, ROBERT N 2380 URSULA LANE PENSACOLA, FL 32526			Name <u>ROBERT FULLE</u> Street Address (P.O. Box Number is Not Acceptable) <u>107 BRANDON AVE</u> <u>PENSACOLA FL 32507</u> City <u>FL</u> Zip Code		
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: <u>Robert Fulle</u>		(NOTE: Registered Agent's signature required when reinstating)		DATE: <u>3/27/03</u>	
FILE NOW!!! FEB IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	50001495535	
NAME	FULLE, ROBERT N	NAME		04/01/03--01006--011 ***	
STREET ADDRESS	2380 URSULA LANE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENSON-FULLE, PATRICIA T	NAME			
STREET ADDRESS	2380 URSULA LANE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I 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 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 506, Florida Statutes.					
SIGNATURE: <u>Robert Fulle</u>		DATE: <u>3/27/03</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CHECKED (1/2/03)