

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001944

FILED
Jan 03, 2007
Secretary of State

Entity Name: ROYAL OAK NURSING CENTER, LLC

Current Principal Place of Business:

ROYAL OAK NURSING CENTER
37300 ROYAL OAK LANE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

ROYAL OAK NURSING CENTER
37300 ROYAL OAK LANE
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 62-1832435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: P () Delete
Name: SWEENEY, PRESTON
Address: C/O 714 S. CHURCH ST., STE A
City-St-Zip: MURFREESBORO, TN 37130

Title: VS () Delete
Name: BELL, ERIC
Address: 700 SE 8TH AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ADM () Delete
Name: HOWARD, ANITA
Address: 37300 ROYAL OAK LANE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: ANITA HOWARD

ADM

01/03/2007

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