

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003303

**FILED**  
**Jan 05, 2004**  
**Secretary of State**

**Entity Name:** AUREUS NURSING, LLC

**Current Principal Place of Business:**

11825 Q STREET  
OMAHA, NE 681373503

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3037  
OMAHA, NE 681030037

**New Mailing Address:**

**FEI Number:** 45-0491767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: TRUSLER, TIMOTHY F  
Address: 11825 Q STREET  
City-St-Zip: OMAHA, NE 681373503

**ADDITIONS/CHANGES:**

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: TIMOTHY F. TRUSLER

MGR

01/05/2004

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