


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # **100000001414**

1. Entity Name  
**AVON LONG TERM CARE LEADERS LLC**



Principal Place of Business <b>30 TOWER LANE AVON, CT 06001</b>	Mailing Address <b>30 TOWER LANE AVON, CT 06001</b>
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

DIV **COMPANY 0158** CURRENCY: **USD, OTHER**

WORK AREA: **76 FILED**

GL ACCT: **Mar 06, 2004 08:00 AM**

DATE: **2/12/04** TOTAL: **50.00 USD**

APPROVER'S NAME: **Susan M. Johnson**  
(Please print)

SIGNATURE: *Susan M. Johnson*

Return to Corporate Accounts Payable, Waterloo



01162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>76-0730101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

U00000078338  
03/08/04-80021-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORLISS, GARY L 30 TOWER LANE AVON, CT 06001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOK, ROBERT A 73 TREMONT ST. BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANNIK, STEVEN 200 BLOOR ST. EAST TORONTO, ONTARIO M4W 1E5.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 608, Florida Statutes.**

SIGNATURE: *Gary L Corliss* **GARY L CORLISS** **3/1/2004** **860-674-5677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES JUNE 30, 2007**