


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:58

DOCUMENT # M04000004073			
1. Entity Name LONG TERM CARE INSTITUTE OF ST. PETERSBURG, LLC			
Principal Place of Business 100 SECOND AVENUE SOUTH, SUITE 901S ST PETERSBURG, FL 33701		Mailing Address 100 SECOND AVENUE SOUTH, SUITE 901S ST PETERSBURG, FL 33701	
2. Principal Place of Business 360 CENTRAL AVENUE		3. Mailing Address	
Suite, Apt. #, etc. 1550		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State	
Zip 33701	Country PINELLAS	Zip	Country
4. FEI Number 20-1454639		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MADONNA, HARRY D % SENIOR HEALTH MANAGEMENT 100 2ND AVENUE S SUITE 9015 ST PETERSBURG, FL 33701 <i>Mike Steel</i>		7. Name and Address of New Registered Agent Name SPECTOR GADON + RASEN, LLP Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVE SUITE 1550 City ST. PETERSBURG FL Zip Code 33701	
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 <i>Mike Steel</i> DATE 5/10/06 (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY D PO BOX 10867 ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY D. 360 CENTRAL AVE, STE 1550 ST. PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAHER, RHONDA 109 AMES LANE GRAMPIAN, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300076304263 06/19/06--01005--011 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, DEE 724 N GOVERNORS AVE DOVER, DE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Harry Dillon Madonna</i> HARRY DILLON MADONNA		Date 5/30/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	