

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002850

FILED
Apr 06, 2006
Secretary of State

Entity Name: SLENDER LIFE HEALTH NAPLES LLC

Current Principal Place of Business:

2252 NORTH TAMIAMI TRAIL
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2252 NORTH TAMIAMI TRAIL
NAPLES, FL 34103

New Mailing Address:

FEI Number: 75-3174404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JAMES
370 BURNT PINE DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

RIECH, ROBIN
607 S.W. 27TH TERRACE
CAPE CORAL, FL 33914 US

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: ROBIN REICH

04/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BW ENTERPRISES,
Address: 60 NORTH MAIN STREET
City-St-Zip: ASHLAND, OR 97520

Title: MGR () Delete
Name: WL ENTERPRISES,
Address: 950 N. PHOENIX RD. C-2 #336
City-St-Zip: MEDFORD, OR 97504

ADDITIONS/CHANGES:

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: JEFFERY WHITE

MGR

04/06/2006

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