

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016838

FILED
May 03, 2007
Secretary of State

Entity Name: ORLANDO SENIOR ASSISTANT CARE, LLC

Current Principal Place of Business:

P.O. BOX 616777
ORLANDO, FL 32861

New Principal Place of Business:

4630 S. KIRKMAN RD.
SUITE 774
ORLANDO, FL 32811

Current Mailing Address:

P.O. BOX 616777
ORLANDO, FL 32861

New Mailing Address:

4630 S. KIRKMAN RD.
SUITE 774
ORLANDO, FL 32861

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
773 S. KIRKMAN RD.
SUITE 118
ORLANDO, FL 32811 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: TURNER, CHARLOTTE H
Address: P.O. BOX 616777
City-St-Zip: ORLANDO, FL 32861

Title: MGRM (X) Change () Addition
Name: TURNER, CHARLOTTE H
Address: 4630 S. KIRKMAN RD., STE. 774
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify 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: CHARLOTTE H TURNER

MGRM

05/03/2007

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