


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010477
 1. Entity Name
 NHA @ COLORADO SPRINGS OF FLORIDA, LLC



| | |
|---|---|
| Principal Place of Business 999 PONCE DE LEON BLVD. SUITE 950 CORAL GABLES, FL 33134 | Mailing Address 999 PONCE DE LEON BLVD. SUITE 950 CORAL GABLES, FL 33134 |
|---|---|

DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-1143253 | 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
 GREENBERG, PATRICIA E
 999 PONCE DE LEON BLVD.
 SUITE 950
 CORAL GABLES, FL 33134

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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

U00000042723
02/10/04-80036-007 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GREENBERG, PATRICIA 999 PONCE DE LEON BLVD. SUITE 350 CORAL GABLES, FL 33134 |
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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 a report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Patricia Greenberg* 2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #