

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022390

FILED  
Jul 02, 2004  
Secretary of State

**Entity Name:** BETTER HEALTHCARE REAL ESTATE, LLC

**Current Principal Place of Business:**

520 CASCADE FALLS DR.  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

520 CASCADE FALLS DR.  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 16-1672757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISHOP, JASON  
520 CASCADE FALLS DR.  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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/MEMBERS:**

Title: PRES ( ) Delete  
Name: BISHOP, JASON  
Address: 520 CASCADE FALLS DR.  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BISHOP, JASON  
Address: 520 CASCADE FALLS DR.  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASON BISHOP

MGRM

07/02/2004

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