

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 22, 2006
Secretary of State**

DOCUMENT# L03000022390

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 (X)

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/MANAGERS:

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

ADDITIONS/CHANGES:

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: JASON BISHOP

MGRM

02/22/2006

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