


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000088261 1. Entity Name BENT TREE OF VERO BEACH, LLC	
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Principal Place of Business 2835 20TH STREET, BLDG. C VERO BEACH, FL 32960	Mailing Address 2835 20TH STREET, BLDG. C VERO BEACH, FL 32960
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DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5537189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCK, SAMUEL A ESQ.  
 21 ROYAL PALM POINTE, SUITE 100  
 VERO BEACH, FL 32960

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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)

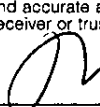
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000876123  
 04/11/08-80061-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASSWELL, WILLIAM L DR 2835 20TH ST. BLDG C VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONNER, DENISE R DR 2835 20TH ST BLDG C VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, PAUL A DR 2835 20TH ST BLDG C VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Denise Tenner, MD 2/28/08 772-299-3055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #