

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039136

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: EMMAAR HEALTH NURSING LLC

**Current Principal Place of Business:**

3810 SW 88 PL  
1  
MIAMI, FL 33165

**New Principal Place of Business:**

3415 SW 114 CT  
MIAMI, FL 33165

**Current Mailing Address:**

3810 SW 88 PL  
1  
MIAMI, FL 33165

**New Mailing Address:**

3415 SW 114 CT  
MIAMI, FL 33165

FEI Number: 20-8817676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBANES, ANAYSA  
3810 SW 88 PL  
1  
MIAMI, FL 33165 US

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

ALBANES, ANAYSA  
3415 SW 114 CT  
MIAMI, FL 33165 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: \_\_\_\_\_

04/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALBANES, ANAYSA  
Address: 3810 SW 88 PL  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALBANES, ANAYSA  
Address: 3415 SW 114 CT  
City-St-Zip: MIAMI, FL 33165

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: ANAYSA ALBANES

MGRM

04/16/2008

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