2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 26, 2004 08:00 AM Secretary of State **DOCUMENT # L01000004512** MANOR PINES CONVALESCENT CENTER, LLC Principal Place of Business Mailing Address 1601 NE 26TH STREET 1701 N.E. 26TH STREET WILTON MANORS, FL 33305 WILTON MANORS, FL 33305 01122004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1086367 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARRINSON, RALPH A DO NOT WRITE 1601 N.E. 26TH STREET WILTON MANORS, FL 33305 IN THIS SPACE 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. Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME MARRINSON, RALPH A STREET ADDRESS **1601 NE 26TH STREET** U00000013268 01/26/04-80047-005 **50.00** WILTON MANORS, FL 33305 CRY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7313 F STREET ADDRESS C17Y - ST- ZIP TISLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE

FILED

Marninson Kaloh

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED BEFRESENTATIVE

11. I hereby certify that the information supplied with this filling does not qualify 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 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.

STREET ADDRESS

SIGNATURE: