# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 04, 2011**
**Secretary of State**

DOCUMENT# L01000004512

**Entity Name:** MANOR PINES CONVALESCENT CENTER, LLC

**Current Principal Place of Business:**

1701 N.E. 26TH STREET
WILTON MANORS, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

1601 NE 26TH STREET
WILTON MANORS, FL 33305

**New Mailing Address:**

**FEI Number: 65-1086367** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MARRINSON, RALPH A
1601 N.E. 26TH STREET
WILTON MANORS, FL 33305 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: MGR
Name: MARRINSON, RALPH A
Address: 1601 NE 26TH STREET
City-St-Zip: WILTON MANORS, FL 33305

I hereby 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 Statues.

SIGNATURE: RALPH A MARRINSON MGR 01/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date