2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000010077

1. Entity Name

BROOKWOOD-EXTENDED CARE CENTER OF HOMESTEAD, LLC



FILED Mar 02, 2007 08:00 AM **Secretary of State**

Principal Place of Business

803 N. CALHOUN STREET TALLAHASSEE, FL 32303 Mailing Address

803 N. CALHOUN STREET TALLAHASSEE, FL 32303



02252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

MACK, THEODORE E 803 N. CALHOUN STREET TALLAHASSEE, FL 32303

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	e above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. obligations of registered agent.	I am familiar with, and accept
SIGNA	AT IRE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUE HERON, LLC 3993 HOWARD HUGHES PARKWAY, SUITE 250 LAS VEGAS, NV 89109		
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 e			

U00000653991 03/13/07-80044-010 50.00

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I heroby certify that the information supplied with this filling 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.

Kenneth P. Gummels, uthorized Representative

SIGNATURE: SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 2/26/2007

850-233-8800

Daytime Phone #