

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010082

1. Entity Name
**BROOKWOOD-EXTENDED CARE CENTER OF HIALEAH
GARDENS, LLC**



Principal Place of Business
**803 N. CALHOUN STREET
TALLAHASSEE, FL 32303**

Mailing Address
**803 N. CALHOUN STREET
TALLAHASSEE, FL 32303**



02012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLUE HERON, LLC
STREET ADDRESS	3993 HOWARD HUGHES PKWY, STE 250
CITY-STATE-ZIP	LAS VEGAS, NV 89109

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
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STREET ADDRESS	
CITY-STATE-ZIP	

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03/01/05-80009-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

Kenneth P. Gummels, Authorized Representative

SIGNATURE: *Kenneth P. Gummels*

2/15/2005

850-233-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #