

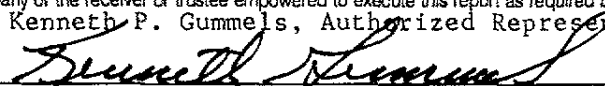


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000010082 1. Entity Name BROOKWOOD-EXTENDED CARE CENTER OF HIALEAH GARDENS, LLC																																			
<small>Principal Place of Business</small> 803 N. CALHOUN STREET TALLAHASSEE, FL 32303		<small>Mailing Address</small> 803 N. CALHOUN STREET TALLAHASSEE, FL 32303																																	
DO NOT WRITE IN THIS SPACE			<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;">01142006No Chg-LLCCR2E083 (11/05)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"><small>4. FEI Number</small> NOT APPLICABLE</td><td style="width: 20%;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> NOT APPLICABLE	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required																													
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<small>6. Name and Address of Current Registered Agent</small> MACK, THEODORE E 803 N. CALHOUN STREET TALLAHASSEE, FL 32303		DO NOT WRITE IN THIS SPACE																																	
<small>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.</small> <div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE:</small> <hr style="width: 80%;"/><small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small> <hr style="width: 20%;"/></div></div>																																			
Filing Fee is \$50.00 Due by May 1, 2006																																			
<small>9. MANAGING MEMBERS/MANAGERS</small> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><small>TITLE</small></td><td>MGR</td></tr><tr><td><small>NAME</small></td><td>BLUE HERON, LLC</td></tr><tr><td><small>STREET ADDRESS</small></td><td>3993 HOWARD HUGHES PKWY, STE 250</td></tr><tr><td><small>CITY- ST- ZIP</small></td><td>LAS VEGAS, NV 89109</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY- ST- ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY- ST- ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY- ST- ZIP</small></td><td></td></tr></table>		<small>TITLE</small>	MGR	<small>NAME</small>	BLUE HERON, LLC	<small>STREET ADDRESS</small>	3993 HOWARD HUGHES PKWY, STE 250	<small>CITY- ST- ZIP</small>	LAS VEGAS, NV 89109	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY- ST- ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY- ST- ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY- ST- ZIP</small>		<div style="text-align: right; margin-bottom: 20px;">U000000424779 02/18/06-80062-013 50.00</div> DO NOT WRITE IN THIS SPACE	
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<small>11. I hereby certify that the information supplied with this filing 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.</small> <div style="text-align: center;">Kenneth P. Gummels, Authorized Representative</div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></div><div><small>1/24/2006</small> <small>Date</small></div><div><small>850-233-8800</small> <small>Daytime Phone #</small></div></div>																																			