2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

02-27-2004 90196 050 ****50.00

DOCUMENT # L00000010091

1. Entity Name

BROOKWOOD-EXTENDED CARE CENTER OF MARIANNA, LLC

Principal Place of Business	Mailing Address
803 N. CALHOUN STREET TALLAHASSEE FL 32303	803 N. CALHOUN STREET TALLAHASSEE FL 32303

34005215

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NO-T 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~M~~ ~~SANDPIPER COVE LIMITED PARTNERSHIP~~ ~~3773 HOWARD HUGHES PKWY., STE 300N~~ ~~LAS VEGAS NV 89109.~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ ~~3993 Howard Hughes Parkway, Suite 250~~ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Blue Heron, LLC 3993 Howard Hughes Parkway, Suite 250 Las Vegas, NV 89109 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 4-2-2004

SIGNATURE: Authorized Representative 2/19/2004 850-233-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

4-27-04