2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000010091

1. Entity Name

BROOKWOOD-EXTENDED CARE CENTER OF MARIANNA, LLC

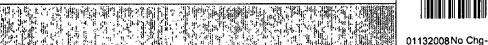


FILED Jan 17, 2008 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

803 N. CALHOUN STREET TALLAHASSEE, FL 32303 803 N. CALHOUN STREET TALLAHASSEE, FL 32303



01132008 No Chg-LLC

CR2E083 (12/07)

4. FÉI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000788059 01/18/08-80025-008 138.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	BLUE HERON, LLC				
STREET ADDRESS	3993 HOWARD HUGHES PARKWAY SUITE 250				
CITY-ST-ZIP	LAS VEGAS, NV 89109				
TITLE					
NAME					
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11 Lhereby	11. Legisly certify that the information supplied with this filling does not qualify for the examplions contained in Chanter 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.

KENMETH P. GUMMELS, AUDHORIZED REPRESENTATIVE

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 1/15/2008

850-233-8800

Daytima Phone #