

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-28-2002 90002 021 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004512

1. Entity Name

MANOR PINES CONVALESCENT CENTER, LLC

Principal Place of Business

1701 N.E. 26TH STREET
 WILTON MANORS FL 33305

Mailing Address

1701 N.E. 26TH STREET
 WILTON MANORS FL 33305

71148

2. Principal Place of Business

3. Mailing Address

1601 NE 26 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1086367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARRINSON, RALPH A
1601 N.E. 26TH STREET
WILTON MANORS FL 33305

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

~~Manager~~ MGR
Ralph A. Marrinson
1601 NE 26 St
Wilton Manors, FL 33305

☐ Change☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

~~Member~~
Marrinson Group, Inc
1601 NE 26 St
Ft Lauderdale, FL 33305

☐ Change☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

Ralph A. Marrinson

1/22/02

954-566-8353

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

Date

Daytime Phone #

CP2E083 (9/01)