

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

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 1601 NE 26TH STREET WILTON MANORS, FL 33305	
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		DO NOT WRITE IN THIS SPACE
B. 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)		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARRINSON, RALPH A 1601 NE 26TH STREET WILTON MANORS, FL 33305	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 19.07(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: <u>Ralph A. Marrinson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		1/22/04 Date 954-566-8353 Daytime Phone #



01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1086367	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

U00000013268
01/26/04-80047-005 50.00