

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000004512

1. Entity Name
MANOR PINES CONVALESCENT CENTER, LLC



Principal Place of Business Mailing Address
1701 N.E. 26TH STREET 1601 NE 26TH STREET
WILTON MANORS, FL 33305 WILTON MANORS, FL 33305



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1086367

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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**

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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MARRINSON, RALPH A
1601 NE 26TH STREET
WILTON MANORS, FL 33305**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/18/05-80042-013 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #

Ralph A. Marrinson 2/16/05 954-566-8353