

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 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**



01172008 No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
NAME	
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CITY-ST-ZIP	

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000000795104
01/28/08-80035-006 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: _____

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

1/18/08

Date

954-566-8353

Daytime Phone #

Ralph A. Marrinson