

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004512

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** MANOR PINES CONVALESCENT CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1601 NE 26TH STREET  
WILTON MANORS, FL 33305

**New Mailing Address:**

**FEI Number:** 65-1086367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARRINSON, RALPH A  
Address: 1601 NE 26TH STREET  
City-St-Zip: WILTON MANORS, FL 33305

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH A MARRINSON

MGR

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date