


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90226 049 \*\*\*\*50.00

<b>DOCUMENT # L01000012546</b>	
1. Entity Name <b>BRENTWOOD HEALTH CARE ASSOCIATES, LLC</b>	

Principal Place of Business <b>2333 N. BRENTWOOD CIR LECANTO, FL 34461</b>	Mailing Address <b>10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610</b>
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**60032686**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>303 Perimeter Center North</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 500</b>	
City & State		City & State <b>Atlanta, GA</b>	
Zip	Country	Zip	Country
		<b>30346</b>	<b>US</b>

03282007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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. 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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EPSILON HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DR STE 250 TAMPA, FL 33610</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Susan Korman 2333 North Brentwood Circle Lecanto, FL 34461</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Susan Korman* **MANAGER**

**Susan Korman**

**3/29/07**

**352-746-6600**

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

Date

Daytime Phone #