


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90042 047 \*\*\*\*50.00

<b>DOCUMENT # L01000012547</b> 1. Entity Name <b>BEAUCLERC MANOR HEALTH CARE ASSOCIATES, LLC</b>					
Principal Place of Business <b>9355 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US</b>			Mailing Address <b>10210 HIGHLAND MANOR DR., STE 250 TAMPA, FL 33610 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>58-2639423</b>	
6. 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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>EPSILON HEALTH CARE PROPERTIES, LLC</b> <b>10210 HIGHLAND MANOR DR., STE. 250</b> <b>TAMPA, FL 33610</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SOLE MEMBER</b> <b>EPSILON HEALTH CARE PROPERTIES, LLC</b> <b>10210 HIGHLAND MANOR DR. STE. 250</b> <b>TAMPA, FL 33610</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**20050793**



04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**58-2639423**

Applied For  
Not Applicable

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

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 6

**SIGNATURE:**

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

**PATRICK DUPLANTIS,**  
**AUTHORIZED REPRESENTATIVE**  
**OF SOLE MEMBER**  
**(813) 744-2800 DAYTIME PHONE**  
**4/26/2005**