## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 01000012547



**FILED** 1

, 	Apr 02, 2007 8:00 an Secretary of State
	04-02-2007 90430 034 ****50.00

1. Entity Name BEAUCLERC MANOR HEALTH CARE ASSOCIATES, LLC							01 02 2007	70 150 05 1		0.00		
Principal Place of Business			Mailing Address			60030891						
9355 SAN JOSE BLVD. JACKSONVILLE, FL 32257 US		10210 HIGHLAND MANOR DR., STE 250 TAMPA, FL 33610 US										
<u> </u>		ness - No P.O. Box #	3. Mailing Address 303 Perimeter Center North									
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 500			01182007	Chg-LLC	CR2E083 (1				
City & State			City & State Atlanta, GA			4. FEI Numb 58-263			Not	plied For t Applicable		
Zìp		Country	30316	Country U.	ς		of Status Desired	Fee R	O Addi			
	6. Name	and Address of Current F	Registered Agent	N		7. Name and	Address of New R	legistered Agent				
CORPORA	ATION SE	RVICE COMPANY			ame							
1201 HAYS		T 32301-2525		Si	treet Address (	P.O. Box Numb	er is Not Acceptable	<del></del>				
				С	iity			FL Z	ip Code	j		
O. The above	and and	La contracto della contractoria	the murage of changing its		•	rod appat or ba	th in the State of Ele	1	r redth - c	and accord		
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	d or printed name of registered agent s	nd title if applicable. (NOTE	: Registered Age	ent signature require	d when reinstating)		DATE				
Filing Fee is \$50.00 Due by May 1, 2007												
Fi Di	ling Fee ue by Ma	y 1, 2007					Florida	e check payab a Department o		;		
9.	ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMBER		10.				Department o	f State			
9.	MGRM	y 1, 2007  MANAGING MEMBER	<b>▼</b> Delete	TITLE		ager	Florida ADDITIONS	Department o		Addition		
9.	MGRM EPSILON	y 1, 2007	ERTIES, LLC		DORESS Bet	h Ann Wa 5 San Jo	Florida ADDITIONS	CHANGES	f State			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM EPSILON	MANAGING MEMBER  I HEALTH CARE PROPE GHLAND MANOR DR., S	ERTIES, LLC	TITLE NAME STREET AD CITY-ST-	DORESS Bet	h Ann Wa 5 San Jo	ADDITIONS,  lker se Blvd.	Department of CHANGES	f State			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM EPSILON	MANAGING MEMBER  I HEALTH CARE PROPE GHLAND MANOR DR., S	E Delete ERTIES, LLC STE. 250	TITLE NAME STREET AC CITY-ST-2 TITLE NAME	DORESS 935 Jac	h Ann Wa 5 San Jo	ADDITIONS,  lker se Blvd.	Department of CHANGES	f State	<b>⊠</b> Addition !		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM EPSILON	MANAGING MEMBER  I HEALTH CARE PROPE GHLAND MANOR DR., S	E Delete ERTIES, LLC STE. 250	TITLE NAME STREET AD CITY-ST-	DORESS Bet 935 Jac	h Ann Wa 5 San Jo	ADDITIONS,  lker se Blvd.	Department of CHANGES	f State	X Addition		
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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: Dethan Cecher	2.7.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #