


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90033 004 ****50.00

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| DOCUMENT # L01000012566 |  |
| 1. Entity Name HARBOR BEACH HEALTH CARE ASSOCIATES, LLC | |

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| Principal Place of Business 1615 MIAMI ROAD FORT LAUDERDALE, FL 33316 | Mailing Address 10210 HIGHLAND MANOR DRIVE SUITE 250 TAMPA, FL 33610 |
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20030147

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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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04102006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 58-2639442 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EPSILON HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DR., SUITE 250 TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sole Member Epsilon Health Care Properties, LLC 10210 Highland Manor Dr., Ste. 250 Tampa, FL 33610 |
| 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.

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|---|----------------------|--------------------------------------|
| SIGNATURE: <u>Barry Germaine / Barry Germaine</u> | Date: <u>4/10/06</u> | Daytime Phone #: <u>954-523-5673</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |