

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000012596

1. Entity Name
PARADISE PINES HEALTH CARE ASSOCIATES, LLC



**FILED
Apr 30, 2008 8:00 am
Secretary of State**

04-30-2008 90039 030 ***138.75

Principal Place of Business
11565 HARTS ROAD
JACKSONVILLE, FL 32218

Mailing Address
303 PERIMETER CENTER NORTH
STE 500
ATLANTA, GA 30346

DO NOT WRITE IN THIS SPACE

BUUJ4041



04162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2639471	Applied For <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SMITH, LYNN
STREET ADDRESS	11565 HARTS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  Lynn Smith, Manager

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

4/16/08 (904) 751-1834

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**