



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90430 045 ****50.00

DOCUMENT # L01000012608 1. Entity Name EASTBROOKE HEALTH CARE ASSOCIATES, LLC					
Principal Place of Business 1445 HOWELL AVE BROOKSVILLE, FL 34601			Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 303 Perimeter Center North			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 500			
City & State		City & State Atlanta, GA		4. FEI Number 58-2639434	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 30346		Country US		02092007 Chg-LLC CR2E083 (12/06)	
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	
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 _____ (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	MGRM EPSILON HEALTH CARE PROPERTIES, LLC <input checked="" type="checkbox"/> Delete 10210 HIGHLAND MANOR DR STE 250 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Clayton Nieman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1445 Howell Avenue Brooksville, FL 34601	
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	
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	
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:  CLAYTON NIEMAN, EXECUTIVE DIRECTOR			2-9-07 352-799-1457		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		