

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91211 038 ****50.00

0040219

DOCUMENT # L01000014682

1. Entity Name

**BROOKWOOD GARDENS CONVALESCENT CENTER OPERATIONS
, L.L.C.**

Principal Place of Business

**5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232**

Mailing Address

**5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232**

2. Principal Place of Business

803 N. Calhoun St.

3. Mailing Address

803 N. Calhoun St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

65-1133496

Applied For

Not Applicable

Zip
32303Country
USAZip
32303Country
USA5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****DECHOW, GERALD A
5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232****7. Name and Address of New Registered Agent**

Name

Theodore E. Mack

Street Address (P.O. Box Number is Not Acceptable)

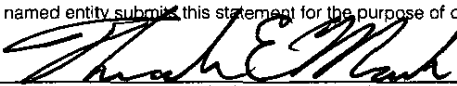
803 N. Calhoun St.

City

Tallahassee**FL**Zip Code
32303

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.

SIGNATURE

**Theodore E. Mack****2/25/2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Theodore E. Mack 803 N. Calhoun St. Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jerry W. Hinson 803 N. Calhoun St. Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Annette B. Jansenius 803 N. Calhoun St. Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Homestead RE, L.L.C. 803 N. Calhoun St. Tallahassee, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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:

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

Date

Daytime Phone #

**Annette B. Jansenius, MGR 2/25/2002 850-526-2000**

CR2E083 (9/01)