


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # L01000014682   |  |
| 1. Entity Name<br>BROOKWOOD GARDENS CONVALESCENT CENTER<br>OPERATIONS, L.L.C. |   |

|   |   |
|---|---|
| Principal Place of Business<br>803 N. CALHOUN ST.<br>TALLAHASSEE FL 32303 | Mailing Address<br>803 N. CALHOUN ST.<br>TALLAHASSEE FL 32303 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



MOORE CR2E083 (11/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1133496 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>MACK, THEODORE E<br>803 N. CALHOUN<br>TALLAHASSEE FL 32303 |
|---|

|  |
|--|
| 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 | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstalling) | DATE |
|-----------|--|---|------|

|  |  |
|--|--|
| <p><b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By May 1, 2004.</b></p> |  |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>MACK, THEODORE<br>803 N. CALHOUN ST.<br>TALLAHASSEE FL 32303 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>HINSON, JERRY W<br>803 N. CALHOUN ST.<br>TALLAHASSEE FL 32303 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>JANSENIUS, ANNETTE B<br>803 N. CALHOUN ST.<br>TALLAHASSEE FL 32303 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>HOMESTEAD RE, L.L.C.<br>803 N. CALHOUN ST<br>TALLAHASSEE FL 32303 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                              |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000066157<br>02/26/04-80003-012 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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:         | Jerry Hinson, Manager | 2/19/2004 | 850-638-4654    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                       | Date      | Daytime Phone # |