
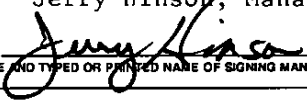


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90109 019 \*\*\*\*50.00

|   |                                 |                                 |  |   |  |
|---|---------------------------------|---------------------------------|--|---|--|
| <b>DOCUMENT # L01000014682</b><br>1. Entity Name<br><b>BROOKWOOD GARDENS CONVALESCENT CENTER OPERATIONS, L.L.C.</b>   |                                 |                                 |  |                |  |
| 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                         | Zip                             | Country  | 4. FEI Number<br><b>65-1133496</b>  |  |
|   |                                 |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |                                 |                                 | 7. Name and Address of New Registered Agent  |   |  |
| MACK, THEODORE E<br>803 N. CALHOUN<br>TALLAHASSEE, FL 32303   |                                 |                                 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                 |                                 |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                 |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |                                 |  | 10. ADDITIONS/CHANGES   |  |
| TITLE   | MGR                             | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | MACK, THEODORE                  |                                 | NAME   |   |  |
| STREET ADDRESS  | 803 N. CALHOUN ST.              |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32303           |                                 | CITY-ST-ZIP  |   |  |
| TITLE   | MGR                             | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | HINSON, JERRY W                 |                                 | NAME   |   |  |
| STREET ADDRESS  | 803 N. CALHOUN ST.              |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32303           |                                 | CITY-ST-ZIP  |   |  |
| TITLE   | MGR                             | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | JANSENIUS, ANNETTE B            |                                 | NAME   |   |  |
| STREET ADDRESS  | 803 N. CALHOUN ST.              |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32303           |                                 | CITY-ST-ZIP  |   |  |
| TITLE   | MGRM                            | <input type="checkbox"/> Delete | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| NAME  | HOMESTEAD RE, L.L.C.            |                                 | NAME   |   |  |
| STREET ADDRESS  | 8031N. CALHOUN ST               |                                 | STREET ADDRESS   | 803 N. CALHOUN STree  |  |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32303           |                                 | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |                                 | NAME   |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  |                                 |                                 | NAME   |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP  |   |  |
| 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. |                                 |                                 |  |   |  |
| Jerry Hinson, Manager   |                                 |                                 |  |   |  |
| <b>SIGNATURE:</b>    |                                 |                                 | 02/15/2005 850-638-4654  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                 |                                 |  |   |  |