2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# L02000013682

Entity Name: REHAB HOMES LLC

Current Principal Place of Business:

1630 PINE PLACE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1630 PINE PLACE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 01-0702849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLAGHER, MORGAN
1630 PINE PLACE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: FOLSOM, MICHAEL R
Address: 1630 PINE PL
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete
Name: FOLSOM, SUSAN
Address: 1630 PINE PL
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FOLSOM, MICHAEL R
Address: 1630 PINE PL
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM (X) Change ( ) Addition
Name: FOLSOM, SUSAN
Address: 1630 PINE PL
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUSAN I FOLSOM MGRM 03/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date