
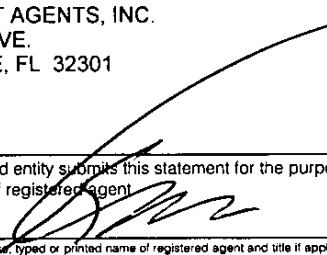
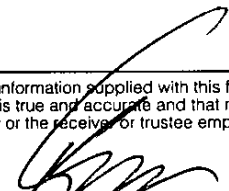


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90194 034 ****50.00

DOCUMENT # L02000032062 1. Entity Name QUALITY NURSING HOME MANAGEMENT, LLC					
Principal Place of Business 1351 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698			Mailing Address 8004 NORTHWEST 154 STREET SUITE 383 HIALEAH, FL 33016-5814 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4 West Dania Beach Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Dania, FL		4. FEI Number 13-4229794	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORP. DIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name K C Cross Street Address (P.O. Box Number is Not Acceptable) 4 West Dania Beach Blvd City Dania FL Zip Code 33004		
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  DATE 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	P CROSS, K C 8004 NORTHWEST 154 STREET SUITE 383 MIAMI LAKES, FL 330165814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4 West Dania Beach Blvd Dania, FL 33004		
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: 		4/26/07 954 367-4523 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>			