

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033324

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: THE GABLES REHABILITATION CENTER, LLC

**Current Principal Place of Business:**

3727 SW 8TH STREET  
SUITE 105  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3727 SW 8TH STREET  
SUITE 105  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 01-0758821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTOS, BARBARA  
3727 SW 8TH STREET  
SUITE 105  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: SANTOS, BARBARA  
Address: 3727 SW 8TH STREET, SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: SANCHEZ ARIAS, EDUARDO  
Address: 3727 SW 8TH STREET, SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA SANTOS

MGR

04/26/2005

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