


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000034244**

1. Entity Name  
 HIGHLANDS LAKE CENTER, LLC



Principal Place of Business  
 4240 LAKELAND HIGHLANDS RD.  
 LAKELAND, FL 33813

Mailing Address  
 8800 GRAND OAK CIRCLE, STE. 400  
 TAMPA, FL 33637



03142006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1988449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A.  
 7777 GLADES ROAD, SUITE 300  
 BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**

7. 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**8. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIEL LIVING CENTERS, LLC 8800 GRAND OAK CIRCLE, STE. 400 TAMPA, FL 33637
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**DO NOT WRITE IN THIS SPACE**

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: [Signature] 3/29/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Me Phone #