

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 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
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03082007 No Chg-LLC CR2E083 (11/05)

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**

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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 _____
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, 2007

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 04/05/07-80045-005 50.00

9. 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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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:  **3/8/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #