


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000034244  
 1. Entity Name  
 HIGHLANDS LAKE CENTER, LLC



Principal Place of Business      Mailing Address  
 4240 LAKELAND HIGHLANDS RD.      8800 GRAND OAK CIRCLE, STE. 400  
 LAKELAND, FL 33813      TAMPA, FL 33637

**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 43-1988449	Applied For Not Applicable
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5. Certificate of Status Desired  **\$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**

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

000000873273  
 04/10/08-80102-001 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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: *[Signature]*      3/18/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #