LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034244

1. Entity Name

HIGHLANDS LAKE CENTER, LLC

FILED

2003 APR 17 PM 2:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4240 Lakeland Highlands Rd	8800 Grand Oak Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 400
City & State: Lakeland FL	City & State: Tampa FL
Zip: 33813 Country: USA	Zip: 33637 Country: USA

4. FEI Number 43-1988449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Marilyn Wood, MGMR

Street Address (P.O. Box Number is Not Acceptable): 8800 Grand Oak Cir Ste 400

City: Tampa FL Zip Code: 33637

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: Marilyn Wood DATE: 040903

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR Gabriel Living Centers, LLC 8800 Grand Oak Cir Ste 400 Tampa FL 33637	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000016215720 04/17/03--01063--007 **50.00
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Marilyn Wood 040903

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