

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008651

FILED
Jan 06, 2004
Secretary of State

Entity Name: AMERICAN CARE REAL ESTATE HOLDINGS, LLC.

Current Principal Place of Business:

13575 58TH STREET NORTH
SUITE 200
CLEARWATER, FL 337603721 US

New Principal Place of Business:

Current Mailing Address:

13575 58TH STREET NORTH
SUITE 200
CLEARWATER, FL 337603721 US

New Mailing Address:

FEI Number: 33-1047862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAGAN, EDWIN
2709 N. ROCKY POINT DRIVE
SUITE 102
TAMPA, FL 33607 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: P () Delete
Name: ATKINS, BENJAMIN
Address: 10501 ROOSEVELT BLVD NORTH
City-St-Zip: ST. PETE, FL 33716 US

Title: ST () Delete
Name: MORRISON, MARYA
Address: 10501 ROOSEVELT BLVD NORTH
City-St-Zip: ST. PETE, FL 33716 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATKINS, BENJAMIN
Address: 13575 58TH STREET NORTH STE 200
City-St-Zip: CLEARWATER, FL 337603721 US

Title: MGRM (X) Change () Addition
Name: MORRISON, MARYA
Address: 13575 58TH STREET NORTH STE 200
City-St-Zip: CLEARWATER, FL 337603721 US

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: BEN ATKINS

MGRM

01/06/2004

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