


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/5/20

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-05-2004 90102 001 ***165.00

DOCUMENT # L03000009831			
1. Entity Name ABBIEJEAN RUSSELL CARE CENTER, LLC			
Principal Place of Business C/O LOUISE JEROSLOW, ESQ. 6075 SUNSET DRIVE, STE. 201 SOUTH MIAMI, FL 33143		Mailing Address C/O LOUISE JEROSLOW, ESQ. 6075 SUNSET DRIVE, STE. 201 SOUTH MIAMI, FL 33143	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-11684350		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		7. Name and Address of New Registered Agent	
JEROSLOW, LOUISE ESQ LAW OFFICES OF LOUISE T. JEROSLOW 6075 SUNSET DRIVE, STE. 201 SOUTH MIAMI, FL 33143		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and FEI applicable. (NOTE: Registered Agent Signature required when submitting.) DATE</small>			
Filing Fee is \$30.00 Due by May 7, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Fannin, Deborah D.	NAME	
STREET ADDRESS	C/O 6075 Sunset Dr. Ste 201	STREET ADDRESS	
CITY-STATE-ZIP	S. Miami, FL 33143	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V.P. Compton, Martha S.	NAME	
STREET ADDRESS	c/o 6075 Sunset Dr. Ste 201	STREET ADDRESS	
CITY-STATE-ZIP	S. Miami, FL 33143	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST Gonzalez, Maria	NAME	
STREET ADDRESS	c/o 6075 Sunset Dr. Ste 201	STREET ADDRESS	
CITY-STATE-ZIP	S Miami, FL 33143	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Theresa E. Goyal		Date: 4/21/2004 786-385-4364	

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04042004 Chg-LLC CR2E083 (10/03)