

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012071

Entity Name: WILLOW GROVE, LLC

FILED
Mar 05, 2004
Secretary of State

Current Principal Place of Business:

295 NORTH DRIVE
SUITE G
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

295 NORTH DRIVE
SUITE G
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 47-0915027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALDEN, WILLIAM H JR
295 NORTH DRIVE
SUITE G
MELBOURNE, FL 32934 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: MGRM () Delete
Name: FLORIDA HEALTH CARE, FOUNDATION, IN C .
Address: 295 NORTH DRIVE, SUITE G
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM () Delete
Name: AFFORDABLE MULTI-FAM, ILY, LLC
Address: 320 GOLDEN SHORE, SUITE 200
City-St-Zip: LONG BEACH, CA 90802 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEARTSPRINGS INTERNA, TIONAL MINISTI R ES, INC
Address: 535 CASIA BLVD.
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM H. WALDEN

DIR

03/05/2004

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