# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2005**
**Secretary of State**

DOCUMENT# L03000041963

**Entity Name:** REHAB ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

1111 BRICKELL AVENUE, SUITE 2150
MIAMI, FL 33131

**New Principal Place of Business:**

P.O. BOX 402125
MIAMI BEACH, FL 33140

**Current Mailing Address:**

1111 BRICKELL AVENUE, SUITE 2150
MIAMI, FL 33131

**New Mailing Address:**

P.O. BOX 402125
MIAMI BEACH, FL 33140

**FEI Number: 43-2051153** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUMAN, BRYAN W ESQ.
1111 BRICKELL AVENUE, SUITE 2150
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

FODIMAN, TODD ESQ.
1111 BRICKELL AVENUE, SUITE 2150
MIAMI, FL 33131 US

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: TODD FODIMAN 04/19/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: BLUE WATER ASSOCIATE, S, LLC
Address: MAIN STREET, P.O. BOX 556
City-St-Zip: CHARLESTOWN, NEVIS,

**ADDITIONS/CHANGES:**

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: BLUE WATER ASSOCIATES, LLC MGRM 04/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date