2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L03000041963

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

Current Principal Place of Business:

P.O. BOX 402125
MIAMI BEACH, FL 33140

New Principal Place of Business:

4701 MERIDIAN AVE
MIAMI BEACH, FL 33140

Current Mailing Address:

P.O. BOX 402125
MIAMI BEACH, FL 33140

New Mailing Address:

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

Name and Address of Current Registered Agent:

FODIMAN, TODD ESQ.
1111 BRICKELL AVENUE, SUITE 2150
MIAMI, FL 33131 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/MANAGERS:

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 exemption stated in Chapter 119, 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 04/30/2007

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