

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029811

FILED
Apr 03, 2007
Secretary of State

Entity Name: REHAB INVESTMENTS LLC

Current Principal Place of Business:

5442 COUNTY RD 661A
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

PO BOX 1324
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 20-1009963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSA, HANS
P.O. BOX 1324
ARCADIA, FL 34265 US

Name and Address of New Registered Agent:

BURSA, HANS
5442 NW CR 661A
ARCADIA, FL 34266 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: HANS BURSA

04/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURSA, HANS
Address: PO BOX 1324
City-St-Zip: ARCADIA, FL 34265

Title: MGRM () Delete
Name: BURSA, ANN K
Address: PO BOX 1324
City-St-Zip: ARCADIA, FL 34265

ADDITIONS/CHANGES:

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

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 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: HANS BURSA

MGRM

04/03/2007

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