2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L04000049844

Entity Name: HILLSBOROUGH EXTENDED CARE, LLC

Current Principal Place of Business:

120 CHIPOLA AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

120 CHIPOLA AVENUE
DELAND, FL 32720

New Mailing Address:

6865 N. LINCOLN AVENUE
LINCOLNWOOD, IL 60712

FEI Number: 20-1631484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GINSPARG, NORMAN J
12221 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161 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: ESFORMES, MORRIS I
Address: 6865 N. LINCOLN AVENUE
City-St-Zip: LINCOLNWOOD, IL 60712

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ESFORMES, MORRIS I
Address: 6865 N. LINCOLN AVENUE
City-St-Zip: LINCOLNWOOD, IL 60712

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: MORRIS ESFORMES MGR 04/17/2007

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