

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049844

FILED
Feb 01, 2008
Secretary of State

Entity Name: HILLSBOROUGH EXTENDED CARE, LLC

Current Principal Place of Business:

120 CHIPOLA AVENUE
DELAND, FL 32720

New Principal Place of Business:

2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33420

Current Mailing Address:

6865 N. LINCOLN AVENUE
LINCOLNWOOD, IL 60712

New Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33420

FEI Number: 20-1631484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELDON, SIOBAUGHN
2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410 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: MGR () Delete
Name: ESFORMES, MORRIS I
Address: 6865 N. LINCOLN AVENUE
City-St-Zip: LINCOLNWOOD, IL 60712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAUL, WALCZAK M
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: PAUL M WALCZAK

MGR

02/01/2008

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