

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000049844

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** HILLSBOROUGH EXTENDED CARE, LLC

**Current Principal Place of Business:**

19091 NORTH DALE MABRY HWY  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 31809  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**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.  
SUITE 201  
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  
**Name:** MTW INVESTMENT MANAGEMENT, LLC  
**Address:** PO BOX 31809  
**City-St-Zip:** PALM BEACH GARDENS, FL 33420

I hereby 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 WALCZAK

MGR

03/26/2012

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