


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 14 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000092741 1. Entity Name ANM ERGO AT FLORIDA MANOR, LLC	
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Principal Place of Business 3360 PADDOCK ROAD WESTON, FL 33331	Mailing Address C/O ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE #700 COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 3360 PADDOCK RD Suite, Apt. #, etc.
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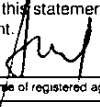
City & State WESTON FL	City & State WESTON FL
Zip 33331	Country



09092007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE #700 COCONUT GROVE, FL 33133	
7. Name and Address of New Registered Agent Name: ALBERTO MEJIA Street Address (P.O. Box Number is Not Acceptable): 3360 PADDOCK RD City: WESTON FL Zip Code: 33331	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 9/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, ALBERTO 3360 PADDOCK ROAD WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300109757949 09/21/07--01047--006 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/9/07 954 931-1776
Date Daytime Phone #