

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054835

**FILED**  
**Feb 10, 2006**  
**Secretary of State**

**Entity Name:** BEACH PLACE REHAB GROUP, LLC

**Current Principal Place of Business:**

17 SOUTH FT LAUDERDALE BLVD  
SPACE 302  
FT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

53 NORTH MAIN STREET  
FREDERICKTOWN, OH 43019

**New Mailing Address:**

15308 LAKE MAGDALENE BOULEVARD  
TAMPA, FL 33618

FEI Number: 20-2934906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LITCHFIELD, CLIFF  
15308 LAKE MAGDALENE BLVD  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

LITCHFIELD, DAWN  
15308 LAKE MAGDALENE BLVD  
TAMPA, FL 33618 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: /DAWN LITCHFIELD/

02/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MICHAEL, DENNIS  
Address: 53 NORTH MAIN STREET  
City-St-Zip: FREDERICKTOWN, OH 43019

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CLIFF, LITCHFIELD  
Address: 15308 LAKE MAGDALENE BOULEVARD  
City-St-Zip: TAMPA, FL 33618

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: /CLIFF LITCHFIELD/

MGMR

02/10/2006

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