## 2008 LIMITED LIABILITY COMPANY

## FILED Jul 15, 2008 8:00 am Secretary of State

		KEPOKI					,	•		
DOCUMENT # L07000044578  1. Entity Name CATALINA GARDENS HEALTH CARE ASSOCIATES, LLC							04-30-2008 9	90040 04	15 ***138.	75
						•				
Principal Place of Business 85 BULLDOG BLVD.		Mailing Address 85 BULLDOG BLVD.						300	10381	
MELBOURNE,		MELBOURNE, FL 3290	)1							
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		303 Perimeter Center North Suite, Apt. #, etc.			03282008					
City & State		Suite 500 City & State			4. FEI Numb	Chg-LLC er	CRZE	083 (12/06)	plied For	
		Atlanta, GA		tor	26-0220				No	Applicable
Zip	Country	30346	Coun US				of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current I	Registered Agent		Name		7. Name and	Address of New F	Registered	Agent	
1201 HAYS	TION SERVICE COMPANY S STREET SSEE, FL 32301-2525			Street A	ddress (	P.O. Box Numb	er is Not Acceptabl	le)		
				City				FL	Zip Code	)
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registere	d office o	register	ed agent, or bo	th, in the State of Fl	lorida, I am	familiar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	E: Registere	d Agent signet	ure required	when reinstating)		DATE		<del></del>
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
								ke check į	payable to nent of State	•
After May		RS/MANAGERS	10.			2		ke check   la Departn	nent of State	
After May	1, 2008 Fee will be \$538.75		TITU NAM STRE		85 Bul	ı Phenix Idog Blvd. urne, FL 3290	ADDITIONS	ke check   la Departn	nent of State	¥ Addition
9. IIILE NAME STREET ADDRESS	1, 2008 Fee will be \$538.75	RS/MANAGERS	TITU NAM STRE CITY TITU	E ET ADDRESS - ST-ZIP	Renea 85 Bul	ldog Blvd.	ADDITIONS	ke check   la Departn	nent of State	
9. ITTLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	1, 2008 Fee will be \$538.75	RS/MANAGERS  Delete  Delete	TITUE NAM STRE CITY TITUE NAM STRE CITY	E EET ADDRESS - ST-ZIP E E EET ADORESS - ST-ZIP	Renea 85 Bul	ldog Blvd.	ADDITIONS	ke check   la Departn	S Change	✓ Addition
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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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Renea Phenix, Manager



July 14, 2008

300/038/ #L07000044578

VIA OVERNIGHT MAIL

Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

Re:

2008 Limited Liability Company Annual Report - Resubmission

Catalina Gardens Health Care Associates, LLC

Dear Sir or Madam:

On behalf of the referenced entity, enclosed please find the resubmitted 2008 LLC Annual Report. The report has been revised to reflect the FEIN.

We were advised by a Division of Corporations representative on July 8, 2008 that the originally submitted report was returned on May 13, 2008. To date we have not received the returned report, and prior to the July 8<sup>th</sup> call had no knowledge of any missing information on the report. As advised, we understand that the late penalty will be waived.

Should you have any questions or require any additional information, please contact me directly at (770)730-1166 or via email at cfloyd@coastaladm.com.

Sincerely,

Charlene Floyd

Sr. Regulatory Support Specialist

enc.

cc: Tracey C. Cosby