


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-30-2008 90040 045 \*\*\*138.75

**30010381**



<b>DOCUMENT # L07000044578</b>				
1. Entity Name CATALINA GARDENS HEALTH CARE ASSOCIATES, LLC				
Principal Place of Business 85 BULLDOG BLVD. MELBOURNE, FL 32901		Mailing Address 85 BULLDOG BLVD. MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		303 Perimeter Center North Suite 500		
City & State		City & State Atlanta, GA		
Zip	Country	Zip	Country	4. FEI Number 26-0220976
		30346	US	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			7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		MGR Renea Phenix 85 Bulldog Blvd. Melbourne, FL 32901		
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: <i>Renea Phenix</i>		Renea Phenix, Manager		7/8/08 321-984-7966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #

 ATTACHMENT  
COASTAL  
Administrative Services, LLC

July 14, 2008

30010381  
#L0700004578

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](mailto:cfloyd@coastaladm.com).

Sincerely,



Charlene Floyd  
Sr. Regulatory Support Specialist

enc.

cc: Tracey C. Cosby