


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90039 029 ***138.75

DOCUMENT # L07000107834	
1. Entity Name PALOMA BLANCA HEALTH CARE ASSOCIATES, LLC	

Principal Place of Business 1509 UNIVERSITY BOULEVARD, NE ALBUQUERQUE, NM 87102	Mailing Address 10210 HIGHLAND MANOR DRIVE SUITE 270 TAMPA, FL 33610
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 303 Perimeter Center North
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500

City & State	City & State Atlanta, GA
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Zip	Country	Zip	Country
30346	US	30346	US

03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1305470

Applied For
Not Applicable



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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALPHA HEALTH CARE PROPERTIES, LLC <input checked="" type="checkbox"/> Delete 10210 HIGHLAND MANOR DRIVE, SUITE 270 TAMPA, FL 33610	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sharon Murphy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1509 University Blvd., NE Albuquerque, NM 87102
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
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: Sharon Murphy Sharon Murphy, Manager 4/16/08 505.243.2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #