

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040986

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** FARNSWORTH REHAB PROPERTY, LLC

**Current Principal Place of Business:**

416 CLEMATIS ST.  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

416 CLEMATIS ST.  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 26-2468806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ELESSAR, SHARI  
416 CLEMATIS ST.  
WEST PALM BEACH, FL 33401 US

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

FLRA SERVICES, LLC  
416 CLEMATIS ST.  
WEST PALM BEACH, FL 33401 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: WILLA A. FEARRINGTON

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: AWD MANAGEMENT, LLC  
Address: 416 CLEMATIS STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW W. DIWIK

MGR

04/23/2009

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