

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000001690**  
**CONTINENTAL HEALTH PROPERTIES OF FT. MYERS, LLC**  
**4951 TAMIAMI TRAIL NORTH, SUITE 3**  
**NAPLES FL 34103**

1a. Principal Place of Business Address  
**4951 TAMIAMI TRAIL NORTH, SU**  
**NAPLES FL 34103**

94-AR  
cm

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
**08/27/1998**  
3a. State of Formation  
**FL**  
4. FEI Number  
**36-4247348**  
5. Date of Last Report  
6. Certificate of Status Desired  
☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
**HENNING, CHRISTIAN F JR.**  
**4951 TAMIAMI TRAIL NORTH, SUITE 3**  
**NAPLES FL 34103**

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code  
**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROSIN, JOSEPH A	555 SKOKIE BLVD., SUITE 350	NORTHBROOK IL 60062

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Joseph A. Rosin* Mgr. 3/13/99 847-291-3700