
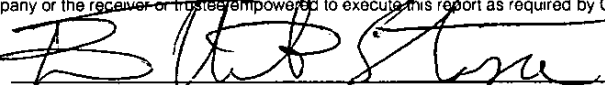


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90043 033 ****55.00

DOCUMENT # L99000001674 1. Entity Name COSTA BRAVA SAN ANTONIO, LLC					
Principal Place of Business 11900 BISCAYNE BLVD SUITE 262 N MIAMI, FL 33181			Mailing Address 11900 BISCAYNE BLVD SUITE 262 N MIAMI, FL 33181		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01112005 Chg-LLC CR2E083 (10/03)			4. FEI Number 65-0938514		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent GREEN, PATRICIA K 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER MIAMI, FL 33130			7. Name and Address of New Registered Agent 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DISTINGUISHED CARE SERVICES, LLC. 1544 SAWDUST RD. SUITE 210 THE WOODLANDS, TX 77380	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROYAL COSTA BRAVA CORP 12550 BISCAYNE BLVD., STE., 215 NORTH MIAMI, FL 33151	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROYAL CASTLE DEVELOPMENT CORP. 12550 BISCAYNE BLVD. NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROYAL COSTA BRAVA CORP. 11900 Biscayne Blvd. Suite 262 N. Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROYAL CASTLE DEVELOPMENT CORP. 11900 Biscayne Blvd. Suite 262 N. Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROYAL CASTLE DEVELOPMENT CORP. 11900 Biscayne Blvd. Suite 262 N. Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROYAL CASTLE DEVELOPMENT CORP. 11900 Biscayne Blvd. Suite 262 N. Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I 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 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:  4/6/05 305-891-7337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					