


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L99000001674 1. Entity Name COSTA BRAVA SAN ANTONIO, LLC	
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Principal Place of Business 11900 BISCAYNE BLVD SUITE 262 N MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD SUITE 262 N MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0938514	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

GREEN, PATRICIA K
 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISTINGUISHED CARE SERVICES, LLC. 594 SAWDUST RD PMB 354 THE WOODLANDS, TX 77380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROYAL COSTA BRAVA CORP 1700 NW 66TH AVE #102 PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROYAL CASTLE DEVELOPMENT CORP. 11900 BISCAYNE BOULEVARD SUITE 262 NORTH MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/30/07-80107-016 55.00

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: *[Signature]* 3/17/07 305 891 3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE