2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001674

1. Entity Name
COSTA BRAVA SAN ANTONIO, LLC

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD SUITE 262 N MIAMI, FL 33181	11900 BISCAYNE BLVD SUITE 262 N MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

03122008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-0938514
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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

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05/22/08-80058-002 148.75

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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: R Clif Stone 4/24/08 305-891-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #