2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# M00000001943

Entity Name: HEATHER HILL NURSING CENTER, LLC

Current Principal Place of Business:

6630 KENTUCKY AVE.
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6630 KENTUCKY AVE.
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 62-1832434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OWENS-WICKER, MARIA
6630 KENTUCKY AVE.
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

KEYES, KENNETH F
6630 KENTUCKY AVE.
NEW PORT RICHEY, FL 34653 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: KENNETH F. KEYES 02/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: M ( ) Delete
Name: OWENS-WICKER, MARIA
Address: 6630 KENTUCKY AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: KEYES, KENNETH F
Address: 6630 KENTUCKY AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

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: KENNETH F. KEYES MR. 02/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date