



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90054 026 ****50.00

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DOCUMENT # M04000001281			
1. Entity Name SHORELINE HEALTHCARE MANAGEMENT, LLC			
Principal Place of Business 303 PERIMETER CENTER NORTH SUITE 500 ATLANTA, GA 30346 US		Mailing Address 303 PERIMETER CENTER NORTH SUITE 500 ATLANTA, GA 30346	
2. Principal Place of Business - No P.O. Box # 10210 Highland Manor Drive		3. Mailing Address	
Suite, Apt. #, etc. Suite 260		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33610	Country US	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENTENNIAL MANAGEMENT INVESTMENT, LLC <input checked="" type="checkbox"/> Delete 303 PERIMETER CENTER NORTH, SUITE 500 ATLANTA, GA 30346	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Logan Sexton 10210 Highland Manor Dr., Ste. 260 Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Logan Sexton, President & CEO	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	