2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# M06000005967

Entity Name: CHESAPEAKE REHABILITATION & CARE CENTER, LLC

Current Principal Place of Business:

1022 MAIN STREET, SUITE H
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1022 MAIN STREET, SUITE H
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-5744029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINS, BENJAMIN
1022 MAIN STREET, SUITE H
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ATKINS, BENJAMIN
Address: 1022 MAIN STREET, SUITE H
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ATKINS, BENJAMIN
Address: 1022 MAIN STREET, SUITE H
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Change (X) Addition
Name: MORRISON, MARYA J
Address: 1022 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM ( ) Change (X) Addition
Name: GARFF, JOSEPH A
Address: 1022 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM ( ) Change (X) Addition
Name: TUCKER, DAVID W
Address: 1022 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BEN ATKINS MGRM 02/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date