

**FILE NOW: Fee after May 1, will be \$588.75**

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |
|--|---|---|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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|                                |   |
|--------------------------------|---|
| <b>FILING FEE</b><br>\$ 203.75 | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> |
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|   |                                |
|---|--------------------------------|
| 1. Name and Mailing Address of Limited Liability Company<br><b>CORAL REEF NURSING AND REHABILITATION CENTER, L.L.C.</b><br>8555 UNITED PLAZA BLVD.<br>STE. 500<br>BATON ROUGE LA 70809<br>ATTENTION: STEVE E. HICKS | <b>DOCUMENT #</b> M95000000387 |
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| 1a. Principal Place of Business Address<br>8555 UNITED PLAZA BLVD.<br>STE. 500<br>BATON ROUGE LA 70809 |
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|--------------------------------|---------------------|--------------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 12/28/1995                     | LA  |
| City & State                   | City & State        | 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable             |
| Zip                            | Country             | 72-1315175                     | 5. Date of Last Report  |
|                                |                     | 04/16/1996                     | 6. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |

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|---|
| 7. Name and Address of Current Registered Agent<br>STUART, PAULA S<br>1602 ALABAMA STREET<br>#204<br>WINTER PARK FL 32789 |
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| 8. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>Zip Code |
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\*\*\*\*203.75 \*\*\*\*203.75  
**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Paula S. Stuart* PAULA S. STUART REGISTERED AGENT DATE FEBRUARY 1, 1997  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address     | City, State and Zip Code |
|-----------|---------------------------|-----------------------------|--------------------------|
| MGRM      | HICKS, STEVE E            | 8555 UNITED PLAZA, 5TH FLO  | BATON ROUGE LA 70809     |
| MGRM      | WHISMAN, GEORGE T         | 333 CLAY ST., STE. 4000     | HOUSTON TX 77002         |
| MGRM      | CLAIBORN, STEVE           | 2920 SAN FELIPE             | HOUSTON TX 77002         |
| MEM       | STRINGFELLOW IRREVOC,     | 737 BISHOP STREET, SUITE 2  | HONOLULU, HI             |
| MEM       | McCONNELL, JR., C. STOKES | ONE AMERICAN PLACE, 9TH FL, | BATON ROUGE LA 70825     |

*A. Allan*  
2/3/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Steve E. Hicks* STEVE E. HICKS MANAGING MEMBER JANUARY 28, 1997  
Date Daytime Phone #