

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAY -1 PM 12:07

LIMITED LIABILITY COMPANY OF FLORIDA DEPARTMENT OF STATE  
ANNUAL REPORT 1998  
DOCUMENT # M9500000387  
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M9500000387**  
CORAL REEF NURSING AND REHABILITATION CENTER, L.L.C.  
~~8555 UNITED PLAZA BLVD.~~  
~~STE 500~~  
~~BATON ROUGE LA 70809~~

1a. Principal Place of Business Address  
8555 UNITED PLAZA BLVD.  
STE. 500  
BATON ROUGE LA 70809

2. Principal Place of Business  
2171 Quail Run Dr.  
Suite, Apt. #, etc. Suite B  
City & State Baton Rouge  
Zip LA

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country USA

3. Date Organized or Qualified 12/28/1995  
4. FEI Number 72-1315175  
5. Date of Last Report 02/03/1997

3a. State of Formation LA  
 Applied For  
 Not Applicable  
6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
STUART, PAULA S  
1602 ALABAMA STREET  
#204  
WINTER PARK, FL 32789  
174 W. Comstock Ave, Suite 214  
Winter Park, FL 32789

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc. 100002514881-4  
City ZIP Code FL  
-05/06/98--01112--003  
\*\*\*\*188.75 \*\*\*\*188.75

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 DATE 4/30/98  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-instating)

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
MGRM	WHISMAN, GEORGE T	333 CLAY ST., STE. 4000	HOUSTON TX
MGRM	STEPHEN A. CLAIBORN, STEVE	2920 SAN FELIPE	HOUSTON TX
MEM	STUART, PAULA S.	179 W. Comstock Ave - Ste 214	Winter Park FL 32789
MEM	SPRINGFELLOW IRREVOC, JR	737 BISHOP STREET, SUITE 2	HONOLULU, HI
MEM	MCCONNELL, C. STOKES	8555 United Plaza Blvd-Ste 800	Baton Rouge LA 70809
		ONE AMERICAN PLACE, 9TH FL	BATON ROUGE LA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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 Date 3/25/98 Daytime Phone # 504/766-3999  
Managing Member