LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) L02000034244 **DOCUMENT#** 1. Entity Name FILED HIGHLANDS LAKE CENTER, LLC 2003 APR 17 PM 2: 18 DIVISION OF CORPORATIONS ALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address
8800 Grand Oak Cir High lands, 4240 Lakeland Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ste 400 City & State City & State Applied For 4. FEI Number Tampa -u ke land Not Applicable Country USA Country \$5.00 Additional 33813 5. Certificate of Status Desired 33637 USA Fee Required 7. Name and Address of Current Registered Agent Name Marilyn Wood, MGMR DO NOT WRITE -Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Ste 400 City Tampa 8. The above named entity submits this statement for the purpose of thanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE THE Gabriel Living Centers, LLC 400 8800 Grand Oak Cir Ste 400 NAME NAME 000016215720 04/17/03--01063--007 **50,00 STREET ADDRESS STREET ADDRESS FL 33637 CITY-ST-7IP CITY-ST-ZIP ENTO ADD 11 2003 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TIT: F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empoyered to execute this repart as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: MANAGER OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

040903

Daytime Phone #