2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000387

1. Entity Name
UMAN SNF1 RISK RETENTION GROUP, INC.

Principal Place of Business	Mailing Address
145 KING STREET, STE 102 CHARLESTON, SC 29401	145 KING STREET, STE 102 CHARLESTON, SC 29401

DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0128231
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000448471
03/09/06-80016-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	GUGENHEIM, SHALOM
STREET ADDRESS	1046 EAST 31ST STREET
CITY-ST-ZIP	BROOKLYN, NY 11210
TITLE	VD
NAME	BERGER, ISAAC M
STREET ADDRESS	4907 18TH AVENUE
CITY-ST-ZIP	BROOKLYN, NY 11204
TITLE	STD
NAME	DACHS, YEHUDA
STREET ADDRESS	525 E. COUNTY LINE ROAD, #12
CITY-ST-ZIP	LAKEWOOD, NJ 08701
TITLE	D
NAME	RIDGE, CHRISTOPHER J
STREET ADDRESS	145 KING STREET, STE 102
CITY-ST-ZIP	CHARLESTON, SC 29401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yehuda Dachs 2/6/06 908-875-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #