2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # M0700005203 1. Entity Name MANOR CARE- LELY PALMS OF NAPLES FL (SH), LLC Principal Place of Business Mailing Address							04-30-20	•	9 041 ***	
333 N SUMMIT STREET TOLEDO, OH 43604 333 N SUMMIT STREET TOLEDO, OH 43604 TOLEDO, OH 43604						1 18 5 18 2 (1)	FI Kal ii i ar ii aa rii ga kii a	ili Cafii Aalal A	RIN MAKI NGIYA M	INTE OIL EARL
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008	Chg-LLC	CR2E0	083 (12/06)		
City & State		City & State			4. FEI Numb 26-062				oplied For ot Applicable	
Zip	Country	Zip	Country				e of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Nisses		7. Name an	d Address of New I	Registered /	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	е
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or	registere	ed agent, or be	oth, in the State of F	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signatur	required	when reinstating)		DATE	···	<u> </u>
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5						e check p a Departm	ayable to ent of State	9
FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	<u> </u>	10.			:		a Departm	ent of State	B
After May	MANAGING MEMBE	RS/MANAGERS	10.		MGR	M	Florid	a Departm	ent of State	
After May	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	_	<u> </u>	MGR	M	Florid	a Departm	ent of State	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	RS/MANAGERS	TITLE	E ET ADDRESS	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	ent of State	☐ Addition
9. TITLE NAME	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE	RS/MANAGERS	TITLE NAME STREE	E Et address -St-Zip	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	RS/MANAGERS	TITLE NAME STREE	ET ADDRESS ST-ZIP	HCA	2 /// /	Florid	OPPORTED C, LL	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	RS/MANAGERS DA Delete ES, INC.	TITLE NAME STREE	ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	RS/MANAGERS DA Delete ES, INC.	TITLE NAME STREE CITY TITLE NAME	ET ADDRESS -ST-ZIP ET ADDRESS	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	RS/MANAGERS DA Delete ES, INC.	TITLE NAME STREE CITY TITLE NAME	ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	RS/MANAGERS DA Delete ES, INC.	TITLE NAME STREE CITY TITLE NAME	ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS DESTRICTION DELETE DESTRICTION DELETE	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME	ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change To ledo L	☐ Addition (1) (4) (4) (3) (6) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS DESTRICTION DELETE DESTRICTION DELETE	TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI NAME STREI	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change To ledo L	☐ Addition (1) (4) (4) (3) (6) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREI CITY TITLE NAME STREI CITY TITLE NAME STREI NAME STREI	ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change To ledo L	☐ Addition (1) (4) (4) (3) (6) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS DESTRICTION DELETE DESTRICTION DELETE	TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE TITLE TITLE TITLE TITLE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change To ledo L	☐ Addition (1) (4) (4) (3) (6) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME NAME	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE STREE	ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- CITY-	ET ADDRESS ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME CITY- TITLE NAME STREI CITY-	ET ADDRESS ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI NAME STREI NAME STREI NAME STREI NAME STREI NAME STREI NAME NAME NAME	ET ADDRESS ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREI CITY-	ET ADDRESS ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete Delete	TITLE NAME STREI CITY-	ET ADDRESS -ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete	TITLE NAME STREI CITY-	ET ADDRESS ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ERS/MANAGERS ES, INC. Delete Delete Delete	TITLE NAME STREI CITY- TITLE NAME TITLE NAME STREI CITY-	ET ADDRESS ST-ZIP	HCA	2 /// /	ADDITIONS Heacthcar	OPPORTED C, LL	Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MANORCARE HEALTH SERVICE 333 N SUMMIT STREET	ES, INC. Delete Delete Delete Delete	TITLE NAME STREI CITY-	ET ADDRESS ST-ZIP	HC# 33	2 111 1 3 N.	ADDITIONS Heacthcar Summit	a Departm	Change Change Change	Addition Addition Addition Addition Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AND THE OF PRINTED NAME OF SIGNING MANAGOND MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/35/2019 40 - 252 - 5794 Dayling Phone #