


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90126 026 ****50.00

DOCUMENT # M98000000337 1. Entity Name TUSCAWILLA ARDEN, LLC	
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Principal Place of Business 333 NORTH SUMMIT TAX DEPT. TOLEDO, OH 43604-2617	Mailing Address 333 NORTH SUMMIT TAX DEPT. TOLEDO, OH 43604-2617
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DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2092162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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.

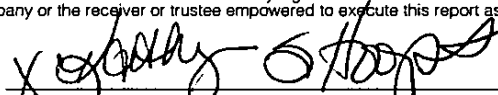
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANORCARE HEALTH SERVICES, INC. 333 NORTH SUMMIT TOLEDO, OH 436042617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO, OH 436042617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO, OH 436042617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD MEYERS, GEOFFREY 333 NORTH SUMMIT TOLEDO, OH 436042617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BIXLER, R. JEFFREY 333 NORTH SUMMIT TOLEDO, OH 436042617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CAVANAUGH, STEVEN M 333 NORTH SUMMIT TOLEDO, OH 436042617

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

SIGNATURE:  04-25-05 (419) 252-5794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #