

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000002053

Entity Name
G-HOLE RIVER-LLC SENIOR CARE ASSOCIATES LLC

Principal Place of Business Mailing Address

395 North Pines Way
Suite 102
Wilson, Wyoming 83014

Principal Place of Business 3. Mailing Address

395 North Pines Way
Suite, Apt. #, etc.
Suite 102

City & State City & State

Wilson, Wyoming

Zip Country Zip Country

83014 USA

4. FEI Number Applied For
83-0328003 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

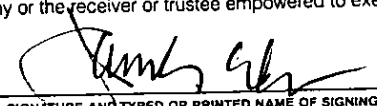
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003317419-5
-07/10/00-01025-008
*****55 (0) *****55 (0)

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James E. Eden - MGR 3395 N. Pines Way Suite 102 Wilson, Wyoming 83014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allison W. Eden - MGR 3395 N. Pines Way Suite 102 Wilson, Wyoming 83014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry W. Bonds - MGR P.O. Box 339 Hawthorne, Florida 32640	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  James E. Eden Date: 4/24/00 Daytime Phone #: (307) 739-1209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (1/199)