2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000006069

1. Entity Name

EDENCARE MEZZANINE GP, INC.



FILED
Apr 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

11 STATE STREET CHARLESTON, SC 29401 11 STATE STREET CHARLESTON, SC 29401



DO NOT WRITE IN THIS SPACE

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2460524

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 : Signature typed or printed name of registered agent and title if applicable (NOTE, Registered A				Agent signature required when reinstaing) DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROENTEMAN, SUSAN T 2001 ROSS AVE., STE. 3200 DALLAS, TX 75201					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAITH, ROBERT A 11 STATE ST. CHARLESTON, SC 29401				U00000707196 04/24/07-80064-013 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPIEGEL, MARK T 10 ROSWELL STREET STE 200 ALPHARETTA, GA 30004	, , ,		DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	CFO HETTINGA, CLARK D 10 ROSWELL STREET STE 200 ALPHARETTA, GA 30004			IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY_ST_ZIP	VS SPIEGEL, MARK T 10 ROSWELL STREET STE 200 ALPHARETTA, GA 30004			· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	8 (1 (2), 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (11. 1		1		

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 typicate 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 address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/33/07

(843)579-9400