

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 MAR 11 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001521  
1. Entity Name  
**WYNDCREST ELDERCARE HOLDINGS, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>16410 Maddalena Place</b> Suite, Apt. #, etc.	3. Mailing Address <b>16410 Maddalena Place</b> Suite, Apt. #, etc.
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City & State <b>Delray Beach, FL</b>	City & State <b>Delray Beach, FL</b>
Zip <b>33446</b>	Country <b>USA</b>

4. FEI Number <b>65-0975968</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

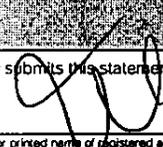
7. Name and Address of Current Registered Agent

Name **Jeffrey Kukes**

Street Address (P.O. Box Number is Not Acceptable)  
**16410 Maddalena Place**

City **Delray Beach, FL** Zip Code **33446**

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.

SIGNATURE  DATE \_\_\_\_\_

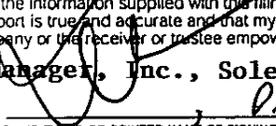
Signature, typed or printed name of registered agent and title if applicable.

**FEES \$50.00**  
Make Check Payable to Department of State  
**DUPLICATE**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager JK Eldercare, LLC 16410 Maddalena Place Delray Beach, FL 33446</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>3008105109289--9 03/15/02-01013--001 *****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

By: **JJK Manager, Inc., Sole Member**

SIGNATURE:  Date **March 5, 2002** 561-496-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)