2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000001521

1. Entity Name

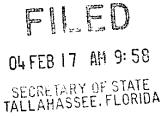
WYNDCREST ELDERCARE HOLDINGS, LLC



Principal Place of Business

Mailing Address

16410 MADDALENA PLACE DELRAY BEACH, FL 33446 16410 MADDALENA PLACE DELRAY BEACH, FL 33446





02052004 No Chg-LLC

CR2E083 (10/03)

FEI Number
 65-0975968

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUKES, JEFFREY 16410 MADDALENA PLACE DELRAY BEACH, FL 33446

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The above named entity subm the obligations of registered as		ging its registered office or registered agent, or t	both, in the State of Florida.	I am familiar with, and accept
	,-			•
SIGNATURE	name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JK ELDRECARE, LLC 16410 MADDALENA PLACE DELRAY BEACH, FL 33446			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the exe			

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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 the and adjurant 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

JEFFREY KUKES

16410 MADDALENA PLACE TIME Phone #

DELRAY BEACH, FL 33446 561,496,2123