

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90053 002 ****50.00

DOCUMENT # L01000012564

1. Entity Name
GINGER DRIVE HEALTH CARE ASSOCIATES, LLC



00040040

Principal Place of Business
**3101 GINGER DR
TALLAHASSEE, FL 32308 US**

Mailing Address
**10210 HIGHLAND MANOR DRIVE STE.
SUITE 250
TAMPA, FL 33610**

2. Principal Place of Business - No P.O. Box #
**3101 GINGER DR
TALLAHASSEE, FL 32308 US**

3. Mailing Address
**303 Perimeter Center North
Suite 500
Atlanta, GA**

Suite, Apt. #, etc.
Suite 500

City & State
Atlanta, GA

Zip
30346

Country
US

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
58-2639449

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ESPSILON HEALTH CARE PROPERTIES, LLC
10210 HIGHLAND MANOR DR., SUITE 250
TAMPA, FL 33610** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Chuck Cascio
3101 Ginger Drive
Tallahassee, FL 32308** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 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: Chuck Cascio **Chuck Cascio** 3/29/07 850-877-2177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #