## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90033 031 \*\*\*\*50.00

|   | 1. Entity Nam  | 16                              | # L010000129  |   |  |  |                      |                       | 04-13-200                                 |                        | 051                                    | 30.00                                  |
|---|--|---------------------------------|---|---|--|--|----------------------|-----------------------|---|------------------------|--|--|
| Principal Place of Business<br>1026 ALBEE FARM RD.<br>VENICE, FL 34292  |  |                                 |   | Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610 |  |  | 50                   |                       |   |                        |  |  |
| 2. Principal Place of Business  |  |                                 |   | 3. Mailing Address  |  |  |                      |                       |   |                        |  |  |
| Suite, Apt. #, etc.   |  |                                 |   | Suite, Apt. #, etc.   |  |  |                      | 04102006              | Chg-LLC                                   | CR2E                   | (11/05)                                |  |
| City & State  |  |                                 |   | City & State  |  |  |                      | 4. FEI Numb           |   |                        | -                                      | pplied For<br>lot Applicable           |
|   | Zíp  |                                 | Country   | Zip   | Coun   | try  |                      | 5. Certificate        | e of Status Desired                       |                        | \$5.00 Ad<br>Fee Require               |  |
|   |  | 6. Name                         | and Address of Current F  | Registered Agent  |  |  |                      | 7. Name and           | d Address of New I                        | Registered             | Agent                                  |  |
|   | CORPORA  | ATION SE                        | RVICE COMPANY   |   |  | Name   |                      |                       |   |                        |  |  |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |  |                                 |   |   |  | Street Address (P.O. Box Number is Not Acceptable)   |                      |                       |   |                        |  |  |
|   |  |                                 |   |   | City   |  |                      |                       | FI  | Zip Coo                | de                                     |  |
|   | 8. The above the obligat   | named entiti<br>ions of regist  | y submits this statement for tered agent.   | the purpose of changing its   | register   | d office o   | r register           | ed agent, or bo       | oth, in the State of Fl                   |                        | - ,                                    | , and accept                           |
| l   | SIGNATURE .  |                                 | · ·   |   |  |  |                      |                       |   |                        |  |  |
| L   |  | Signature, lyped                | or printed name of registered agent ar  | nd title if applicable. (NOTE                                       | Registere  | d Agent signal   | ura required         | when reinstating)     |   | DATE                   |  |  |
|   |  |                                 |   |   |  |  |                      |                       |   |                        |  |  |
|   |  |                                 | ls \$50.00<br>y 1, 2006   |   |  |  |                      | :                     |   |                        | payable to<br>nent of Stat             | te                                     |
|   |  |                                 |   | RS/MANAGERS   | 10.  |  |                      |                       |   | la Departr             | ment of Stat                           | te .                                   |
|   | Di   | MGRM                            | y 1, 2006   | t Delete  | 10.<br>TITLI   |  |                      |                       | Florid                                    | la Departr             | ment of Stat                           | Addition                               |
|   | 9.   | MGRM<br>EPSILON                 | MANAGING MEMBER  HEALTH CARE PROPE SHLAND MANOR DRIVE   | ₹ Delete<br>ERTIES, LLC   | TITLI<br>NAM<br>STRE   |  |                      | Member                | Florid<br>ADDITIONS                       | la Departr             | S Change                               |  |
|   | 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MGRM<br>EPSILON<br>10210 HIG    | MANAGING MEMBER  HEALTH CARE PROPE SHLAND MANOR DRIVE   | ₹ Delete<br>ERTIES, LLC   | TITLE NAM STRE CITY  | ET ADORESS<br>-ST-ZIP  | -Epsi                | lon Healt             | ADDITIONS  The Care Prop                  | la Departr<br>//CHANGE | S Change                               |  |
|   | 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MGRM<br>EPSILON<br>10210 HIG    | MANAGING MEMBER  HEALTH CARE PROPE SHLAND MANOR DRIVE   | TA Delete<br>ERTIES, LLC<br>E STE. 250                              | TITLI NAM STRE CITY TITLE NAM STRE   | E ET ADORESS -ST-ZIP E E ET ADDRESS  | -Epsi<br>1021        | lon Healt             | ADDITIONS  The Care Proportion of Manor D | la Departr<br>//CHANGE | S Change                               | SA Addition                            |
|   | 9.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM<br>EPSILON<br>10210 HIG    | MANAGING MEMBER  HEALTH CARE PROPE SHLAND MANOR DRIVE   | FA Delete<br>ERTIES, LLC<br>E STE. 250<br>☐ Delete                  | TITLI NAM STRE CITY TITLE NAM STRE CITY  | E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP  | -Epsi<br>1021        | lon Healt<br>0 Highla | ADDITIONS  The Care Proportion of Manor D | la Departr<br>//CHANGE | S Change  LLC - 250                    | SA Addition  ☐ Addition                |
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|   | 9.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby c incicated | MGRM EPSILON 10210 HIC TAMPA, F | MANAGING MEMBER HEALTH CARE PROPE GHLAND MANOR DRIVE L 33610  e information supplied with rt is true and accurate and t | Delete  CTIES, LLC  ESTE. 250  Delete  Delete                       | TITLE NAM STREE CITY THE EXPEN TITLE NAM STREE CITY THE EXPEN THE | E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP | -Epsi<br>1021<br>Tam | n Chapter 119         | ADDITIONS  The Care Propund Manor D  3610 | la Departr             | Change  Change  Change  Change  Change | Addition  Addition  Addition  Addition |