## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 13, 2006 8:00 am Secretary of State

1. Entity Name	MENT #L010000125					04-13-2006 9	90033 043 ****5(	).00
Principal Place	of Business	Mailing Address	•					
15204 W COI		10210 HIGHLAND MANOR DRIVE						
WINTER GARDEN, FL 34787		STE 250						
		TAMPA, FL 33610			1 (81)(81) 6((	35191 H20 5511 6511 5511	1 <b>8818) (1881 1881 1881 1881 188</b>	162) ((1.156)
		6 M-92- Add						
2. Principal Place of Business		3. Mailing Address				85  1    1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\dashv$	4			
Stilte, Apt. #, etc.		Suite, Apt. #, etc.		04102006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb	er	Aţ	plied For	
					58-263	9491	No	t Applicable
Žip	Country	Žip	Coun	try	5 Certificate	of Status Desired	\$5.00 Add	
			<u> </u>				Fee Require	d
	6. Name and Address of Current F	Registered Agent		Mama	7. Name and	Address of New R	egistered Agent	
COBBOBA	TION SERVICE COMPANY			Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301-2525								
			:					
				City			FL Zip Cod	e
8 Th				- (C		N :- 45 - C4 ( C)		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	ea onice or reg	gistered agent, or bo	in, in the State of Fic	onda. Tam tamihar with,	апо ассері
_								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature re	equired when reinstating)		DATÉ	<del></del>
Filing Fee is \$50.00 Due by May 1, 2006					edonato miler( ies argarig)			
Fi	ling Fee is \$50.00 ue by May 1, 2006						e check payable to a Department of Stat	e
Fi Di	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10.			Florida	e check payable to a Department of Stat	<b>e</b>
Di	ue by May 1, 2006						e check payable to a Department of Stat	e ⊠ Addition
9.	ue by May 1, 2006  MANAGING MEMBEI	<b>∑</b> Delete	10. TITLI	E		Florida	e check payable to a Department of Stat /CHANGES	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBEI	DA Delete ERTIES, LLC	10. TITLI NAM STRE	E E EET ADORESS SO	ole Member	Florida	e check payable to a Department of Stat /CHANGES	
9. TITLE NAME	MANAGING MEMBEI  MGRM  EPSILON HEALTH CARE PROPI	DA Delete ERTIES, LLC	10. TITLI NAM STRE	E   E EET ADORESS SO		Florida ADDITIONS	e check payable to a Department of Stat  /CHANGES  Change	<b>⊠</b> Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBEI MGRM EPSILON HEALTH CARE PROPI 10210 HIGHLAND MANOR DR S	DA Delete ERTIES, LLC	10. TITLI NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	ole Member osilon Health	ADDITIONS/	e check payable to a Department of State /CHANGES   Change	
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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:

SIGNATURE AND THE OR FRINTED NAME OF SIGNING MANAGINA MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytone Phone #