
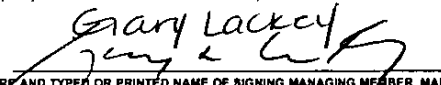


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90430 019 \*\*\*\*50.00

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| <b>DOCUMENT # L01000012577</b>  |  |  |   |                       |  |
| <b>1. Entity Name</b><br>WINTER GARDEN HEALTH CARE ASSOCIATES, LLC  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>15204 W COLONIAL DRIVE<br>WINTER GARDEN, FL 34787   |  |  | <b>Mailing Address</b><br>10210 HIGHLAND MANOR DRIVE<br>STE 250<br>TAMPA, FL 33610  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b><br>303 Perimeter Center North      |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br>Suite 500                             |   |  |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b><br>Atlanta, GA                       |   | <b>4. FEI Number</b><br>58-2639491   |  |
| <b>Zip</b>  |  | <b>Country</b><br>US   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b>  |  |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM</b><br>EPSILON HEALTH CARE PROPERTIES, LLC<br>10210 HIGHLAND MANOR DR STE 250<br>TAMPA, FL 33610 |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>Manager</b><br>Gary Lackey<br>15204 West Colonial Drive<br>Winter Garden, FL 34787                  |  |
| Delete <input type="checkbox"/>   |  |  | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>  |  |  |
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| <b>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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b>    |  |  | Date: 2/7/07 Daytime Phone #: 407-877-2394  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |   |  |  |