

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-18-2006 90010 016 *****50.00
L01000012600

FILED

2006 MAY 18 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012600

1. Entity Name
OAK TERRACE HEALTH CARE ASSOCIATES, LLC



Principal Place of Business
803 OAK STREET
GREEN COVE SPRINGS, FL 32043

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2639468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed 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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME EPSILON HEALTH CARE PROPERTIES, LLC
STREET ADDRESS 10210 HIGHLAND MANOR DR., STE. 250
CITY-STATE-ZIP TAMPA, FL 33610

TITLE MGR ☐ Change ☒ Addition
NAME Sole Member
STREET ADDRESS Epsilon Health Care Properties, LLC
CITY-STATE-ZIP 10210 Highland Manor Dr., Ste. 250
Tampa, FL 33610 ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Gary S. Cooke

4/12/06

904-284-5606