


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90211 024 ****50.00

DOCUMENT # L02000028128 1. Entity Name GRANCARE, L.L.C.	
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Principal Place of Business 24 EASTWINDS CIRCLE TEQUESTA, FL 33469	Mailing Address 24 EASTWINDS CIRCLE TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent IDZIK, DONALD B 24 EASTWINDS CIRCLE TEQUESTA, FL 33469	DO NOT WRITE IN THIS SPACE
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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.

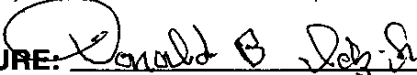
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IDZIK, DONALD B 24 EASTWINDS CIR JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENINCASA, CINDY J 8580 SE SABAL ST 8476 S.E. HOBE SOUND, FL 33455 MANGROVE ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DONALD B IDZIK 4-7-05 561-744-3890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #