

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028128

Entity Name: GRANCARE, L.L.C.

FILED  
Jan 13, 2006  
Secretary of State

**Current Principal Place of Business:**

24 EASTWINDS CIRCLE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

24 EASTWINDS CIRCLE  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IDZIK, DONALD B  
24 EASTWINDS CIRCLE  
TEQUESTA, FL 33469 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: IDZIK, DONALD B  
Address: 24 EASTWINDS CIR  
City-St-Zip: JUPITER, FL 33469

Title: MGRM ( ) Delete  
Name: BENINCASA, CINDY J  
Address: 8476 SOUTHEAST MANGROVE STREET  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DON B IDZIK MGR 01/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date