

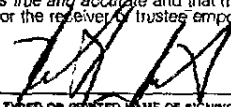


**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000000781</b>			
1. Entity Name FLORIDA ELDERCARE LEASING, LLC			
Principal Place of Business 8800 GRAND OAK CIR., STE. 400 TAMPA, FL 33637	Mailing Address 8800 GRAND OAK CIR., STE. 400 TAMPA, FL 33637		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03142006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 03-0500027	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  DAVID J. POWERS, P.A. 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINITY VENTURES I, LLC 8800 GRAND OAK CIRCLE #400 TAMPA, FL 33637		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINITY VENTURES II, LLC 8800 GRAND OAK CIRCLE #400 TAMPA, FL 33637		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRINITY VENTURES III, LLC 8800 GRAND OAK CIRCLE #400 TAMPA, FL 33637		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-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: 		3/20/2006	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	