2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 13, 2008 08:00 AN Secretary of State DOCUMENT # L05000055153 1. Entity Name SCG GRACEWOOD, LLC Principal Place of Business Mailing Address 1240 MARBELLA PLAZA DRIVE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 TAMPA, FL 33619 CR2E083 (12/07) 02152008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2971168 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THORN, REBECCA G DO NOT WRITE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 IN THIS SPACE 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. U00000856647 SIGNATURE. 83/28/88-80021-010 138.75 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME SENIOR CARE GROUP, INC. STREET ADDRESS 1240 MARBELLA PLAZA DRIVE CITY-ST-ZIP TAMPA, FL 33619 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #