2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# L05000105016

Entity Name: FLORIDA NURSING HOME MEDICAID LLC

Current Principal Place of Business:

5334 WHITE IBIS DRIVE
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

5334 WHITE IBIS DRIVE
NORTH PORT, FL 34287 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

DAVIES, WILLIAM W
5334 WHITE IBIS DRIVE
NORTH PORT, FL 34287 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: DAVIES, LYNN A
Address: 5334 WHITE IBIS DRIVE
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES:

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: WILLIAM W DAVIES MGR 01/10/2006

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