

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L93000000447

1. Entity Name

GOLDEN CARE HOLDINGS, L.C.



Principal Place of Business

ONE SOUTH SCHOOL AVE
SUITE 1000
SARASOTA, FL 34237

Mailing Address

ONE SOUTH SCHOOL AVE
SUITE 1000
SARASOTA, FL 34237



01102006No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0464356

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATZKIN, STEVEN R
ONE SOUTH SCHOOL AVE
SUITE 1000
SARASOTA, FL 34237

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGRM	MATZKIN, STEVEN R	1 S. SCHOOL AVE., SUITE 1000	SARASOTA, FL 342376046

U00000428161
02/21/06-80037-009 50.00

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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:

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

Date

Daytime Phone #