

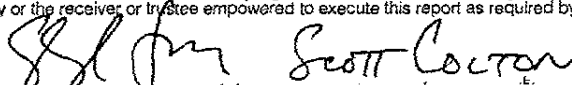


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000000393		
1. Entity Name SENIOR CARE COALITION, L.C.		
Principal Place of Business 6600 FALCONGATE AVENUE DAVIE, FL 33331 US		Mailing Address 6600 FALCONGATE AVENUE DAVIE, FL 33331 US
DO NOT WRITE IN THIS SPACE		
		
03082004 No Chg-LLC CR2E083 (10/03)		
4. FEI Number 65-0892408		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 COLTON, SCOTT 6600 FALCONGATE AVENUE DAVIE, FL 33331		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
000000116271 04/16/04-80058-001 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COLTON MANAGEMENT CORP. 10920 S.W. 10TH STREET PEMBROKE PINES, FL 33025	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SCOTT COLTON		4/16/04 954-325-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #