

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001973**



1. Entity Name  
**SENIOR CARE GOLFCREST, LLC**

Principal Place of Business      Mailing Address  
**277 MALLORY STATION RD., STE. 130**      **277 MALLORY STATION RD., STE. 130**  
**FRANKLIN TN 37067**      **FRANKLIN TN 37067**



MOORE      CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**62-1873943**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>	<b>SENIOR CARE FLORIDA LEASING LLC</b>	<b>277 MALLORY STATION RD., STE. 130</b>	<input type="checkbox"/>						
		<b>FRANKLIN TN 37067</b>								

**U00000123617**  
**04/26/04-80046-001 50.00**

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: *[Signature]*      **Glynn Riddle**      **3/25/04 (615) 771-7575**