#### 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

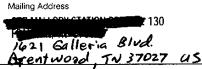
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DOCUMENT # M01000001973 1. Entity Name SENÍOR CARE GOLFCREST, LLC



1621 Galleria Blvd Grantwood, TN 37027 US

Principal Place of Business



#### FILED

2005 SEP 13 PM 2: 13

DIVISIÓN OF CORPORATIONS TALLAHASSEE, FLORIDA



06282005 No Chg-LLC

CR2E083 (10/03)

62-1873943	<u>Ф</u> Е 0	Not Applicabl  O Additional
4. FEI Number		Applied For

Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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<ol><li>The above named entity submits this stater the obligations of registered agent.</li></ol>	ment for the purpose of changing	its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of register	ed agent and title if applicable. (f	NOTE: Registered Agent signature required when reinstating)	DATE

# Filing Fee is \$50.00 Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
FITLE	MGRM
NAME	SENIOR CARE FLORIDA LEASING LLC
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CITY-ST-ZIP	Brentwood, Tal 37027
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**500059613265** 09/14/05--01033--006 \*\*50.00

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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 of susteed empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	
OIGHTAI OILE.	_

L. Glynn Riddle, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 06/28/05

<u>615-771-7575</u>