

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 SEP 13 PM 2:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001973

1. Entity Name
SENIOR CARE GOLFCREST, LLC



Principal Place of Business Mailing Address
 [REDACTED] 30 [REDACTED] 130
 1621 Galleria Blvd 1621 Galleria Blvd.
 Brentwood, TN 37027 US Brentwood, TN 37027 US



06282005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1873943	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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SENIOR CARE FLORIDA LEASING LLC [REDACTED] 1621 Galleria Blvd Brentwood, TN 37027
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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: L. Glynn Riddle, Jr. 06/28/05 615-771-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #