


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000001973					
<b>1. Entity Name</b> SENIOR CARE GOLFCREST, LLC					
<b>Principal Place of Business</b> 1621 GALLERIA BLVD. BRENTWOOD, TN 37027			<b>Mailing Address</b> 1621 GALLERIA BLVD. BRENTWOOD, TN 37027		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10052006 REIN-LLC CR2E101 (11/05)	
Zip		Country		<b>4. FEI Number</b> 62-1873943	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State: <b>FL</b> Zip Code		
<b>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. NRAI Services, Inc.</b>					
SIGNATURE <u>Charles Coyle</u>		Charles Coyle - Asst. Secretary		10-10-2006	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENIOR CARE FLORIDA LEASING LLC 1621 GALLERIA BLVD. BRENTWOOD, TN 37027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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
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
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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>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.</b>					
SIGNATURE: <u>Glynn Riddle</u>		Senior Care Florida Leasing, LLC Glynn Riddle - CFO		10/09/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED

06 OCT 13 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2006

REINSTATEMENT

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M01000001973

FLORIDA FILING & SEARCH SERVICES, INC.  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303  
PHONE: (800) 435-9371; FAX: (866) 860-8395

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DATE: 10-13-06

NAME: SENIOR CARE GOLFCREST, LLC

TYPE OF FILING: REINSTATMENT

COST: \$150

RETURN:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

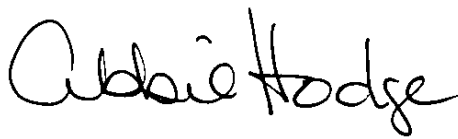


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SUFFICIENCY OF FILING

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ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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