


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 28, 2008 08:00 AM
Secretary of State

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



Principal Place of Business 1621 GALLERIA BLVD. BRENTWOOD, TN 37027	Mailing Address 1621 GALLERIA BLVD. BRENTWOOD, TN 37027
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-LLC CR2E083 (12/07)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SENIOR CARE FLORIDA LEASING LLC 1621 GALLERIA BLVD. BRENTWOOD, TN 37027
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03/11/08-50039-001 138.75

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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

SIGNATURE: L. Glynn Riddle, L. Glynn Riddle, 2-21-08 (615)771-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #