

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001973

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** SENIOR CARE GOLFCREST, LLC

**Current Principal Place of Business:**

1621 GALLERIA BLVD.  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

1621 GALLERIA BLVD.  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 62-1873943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SENIOR CARE FLORIDA LEASING LLC  
Address: 1621 GALLERIA BLVD.  
City-St-Zip: BRENTWOOD, TN 37027

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

CFO

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date