

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001974

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** SENIOR CARE GOLFPVIEW, 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:** 62-1873944

**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  
**Name:** SENIOR CARE FLORIDA LEASING LLC  
**Address:** 1621 GALLERIA BLVD.  
**City-St-Zip:** BRENTWOOD, TN 37027

I hereby 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:** SENIOR CARE FLORIDA LEASING LLC

MGRM

02/25/2010

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