

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 SEP 13 PM 2:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001976 1. Entity Name SENIOR CARE FLORIDA LEASING, LLC			
Principal Place of Business 277 MALLORY STATION RD., STE. 130 FRANKLIN, TN 37067		Mailing Address 277 MALLORY STATION RD., STE. 130 FRANKLIN, TN 37067	
2. Principal Place of Business 1621 Galleria Blvd Suite, Apt. #, etc.		3. Mailing Address 1621 Galleria Blvd Suite, Apt. #, etc.	
City & State Brentwood, TN Zip 37027		City & State Brentwood, TN Zip 37027	
Country US		Country US	
4. FEI Number 21-1873941		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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIVERSICARE LEASING CORP 277 MALLORY STATION RD., STE. 130 FRANKLIN, TN 37067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1621 Galleria Blvd Brentwood, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
L. Glynn Riddle, Jr.		06/28/05	
Date		615-771-7575	
Daytime Phone #			