# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 SEP 13 PM 2:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001977

1. Entity Name
SENIOR CARE CEDAR HILLS, LLC

Principal Place of Business
[redacted]
[redacted]

Mailing Address
[redacted]30
[redacted]

05022005 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1621 Galleria Blvd | 1621 Galleria Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Brentwood TN | City & State: Brentwood TN |
| Zip: 37027 Country: US | Zip: 37027 Country: US |

4. FEI Number: 62-1873948 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 | MGRM ☐ Delete | TITLE | ☒ Change ☐ Addition |
| NAME | SENIOR CARE FLORIDA LEASING LLC | NAME | |
| STREET ADDRESS | [redacted]30 | STREET ADDRESS | 1621 Galleria Blvd |
| CITY-ST-ZIP | [redacted] 37067 | CITY-ST-ZIP | Brentwood, TN 37027 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | 100059613611 |
| STREET ADDRESS | | STREET ADDRESS | 09/14/05--01033--011 **50.00 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:** _____ L. Glynn Riddle, Jr. 06/28/05 615-771-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #