

2006 LIMITED LIABILITY COMPANY REINSTATEMENT



FILED

OCT 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001977 1. Entity Name SENIOR CARE CEDAR HILLS, LLC			
Principal Place of Business 1621 GALLERIA BLVD. BRENTWOOD, TN 37027		Mailing Address 1621 GALLERIA BLVD. BRENTWOOD, TN 37027	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
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	
Applied For <input type="checkbox"/> Not Applicable		4. FEI Number 62-1873948	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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. NRAI Services, Inc.			
SIGNATURE <u>Charles Coyle</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Charles Coyle - Asst. Secy. <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 10-10-2006 <small>DATE</small>		FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	
Make check payable to Florida Department of State		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENIOR CARE FLORIDA LEASING LLC 1621 GALLERIA BLVD. BRENTWOOD, TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Glynn Riddle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Senior Care Florida Leasing, LLC Glynn Riddle - CFO	
DATE 10/09/06 <small>Date</small>		DAYTIME PHONE # 615-771-7575 <small>Daytime Phone #</small>	

REINSTATEMENT 2006

M01000201977

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-13-06

NAME: SENIOR CARE CEDAR HILLS, LLC

TYPE OF FILING: REINSTATMENT

COST: \$150

RETURN:

FILED
06 OCT 13 PM 1:00
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
OPERATIONS
2006 OCT 13 AM 10:13
TO AGENCY CLERK
SUFFICIENCY OF FILING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE