

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90139 018 ****50.00

DOCUMENT # M04000000985

1. Entity Name
ORLANDO REAL ESTATE INVESTORS, LLC



Principal Place of Business
**3570 KEITH STREET, NW
CLEVELAND, TN 37312**

Mailing Address
**3570 KEITH STREET, NW
CLEVELAND, TN 37312**

40096868



05182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0600049	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIFE CARE CENTERS OF AMERICA, INC. 3570 KEITH STREET, NW CLEVELAND, TN 37312
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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.

Orlando Real Estate Investors, LLC
By: **Life Care Centers of America, Inc., Corporate Manager**

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6-21-06

Date

423-473-5868

Daytime Phone #

Joan E. Thurmond, Assistant Secretary to Corporate Manager