

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

<b>DOCUMENT # M04000000985</b> 1. Entity Name ORLANDO REAL ESTATE INVESTORS, LLC	
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Principal Place of Business 3570 KEITH STREET, NW CLEVELAND, TN 37312	Mailing Address 3570 KEITH STREET, NW CLEVELAND, TN 37312
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**DO NOT WRITE IN THIS SPACE**

05182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0600049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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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**DO NOT WRITE 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: Joan E. Thurmond Date: 6-21-06 Daytime Phone #: 423-473-5868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joan E. Thurmond, Assistant Secretary to Corporate Manager