


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000337	
1. Entity Name TUSCAWILLA ARDEN, LLC	

Principal Place of Business 333 NORTH SUMMIT TAX DEPT. TOLEDO, OH 43604-2617	Mailing Address 333 NORTH SUMMIT TAX DEPT. TOLEDO, OH 43604-2617
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03282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2092162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

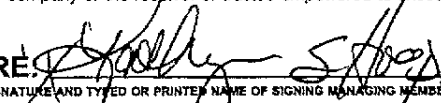
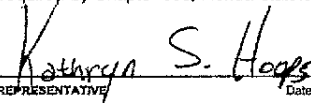

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	MANORCARE HEALTH SERVICES, INC.
STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	TOLEDO, OH 436042617
TITLE	CPD
NAME	ORMOND, PAUL A
STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	TOLEDO, OH 436042617
TITLE	VD
NAME	WEIKEL, M. KEITH
STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	TOLEDO, OH 436042617
TITLE	VASD
NAME	MEYERS, GEOFFREY
STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	TOLEDO, OH 436042617
TITLE	VS
NAME	BIXLER, R. JEFFREY
STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	TOLEDO, OH 436042617
TITLE	VAS
NAME	CAVANAUGH, STEVEN M
STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	TOLEDO, OH 436042617

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05/17/06-80134-002 50.00

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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.

SIGNATURE   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #