

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90126 025 \*\*\*\*50.00

**DOCUMENT # M98000000844**

1. Entity Name  
**TAMPA 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**



01122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2113270**

Applied For  
Not Applicable

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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANOR CARE OF AMERICA, INC. 333 NORTH SUMMIT TOLEDO, OH 436042617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYERS, GEOFFREY G 333 NORTH SUMMIT TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BIXLER, R. JEFFREY 333 NORTH SUMMIT TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CAVANAUGH, STEVEN M 333 NORTH SUMMIT TOLEDO, OH 43604

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IN THIS SPACE**

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:**

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

04-25-05

Date

(419) 252-5794

Daytime Phone #