


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

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
--	--



03282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2113270	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

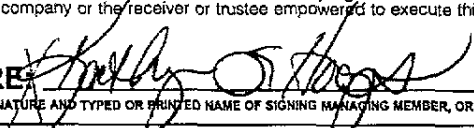
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE 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

000000559340
05/17/06-80134-001 50.00

**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.

SIGNATURE  Kathryn S. Hoops 4/24/06 (219) 253-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #