
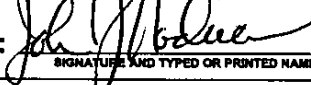


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90046 030 \*\*\*\*61.25

<b>DOCUMENT # 839014</b>			
<b>1. Entity Name</b> LIFE CARE RETIREMENT COMMUNITIES, INC.			
<b>Principal Place of Business</b> 100 E GRAND AVENUE SUITE 330 DES MOINES, IA 50309-1800 US		<b>Mailing Address</b> 1600 HUB TOWER 699 WALNUT DES MOINES, IA 50309	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip		<b>3. Mailing Address</b> 100 E. Grand Avenue Suite 330 City & State Des Moines, IA Zip 50309-1835	
		Country US	
		<b>4. FEI Number</b> 42-1068850	
		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD <input type="checkbox"/> Delete NAME KADUCE, JOHN J. STREET ADDRESS 100 E GRAND AVENUE STE 330 CITY-ST-ZIP DES MOINES, IA 50309	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Kaduce, John J. STREET ADDRESS 100 E. Grand Ave. Suite 330 CITY-ST-ZIP Des Moines, IA 50309		
TITLE D <input type="checkbox"/> Delete NAME WAGNER-HAUSER, ANN M STREET ADDRESS 100 MARKET STREET, UNIT 315 CITY-ST-ZIP DES MOINES, IA 50309	TITLE VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Wagner-Hauser, Ann.M. STREET ADDRESS 4220 County Road 44 CITY-ST-ZIP Minnetrista, MN 55364		
TITLE CD <input type="checkbox"/> Delete NAME FOREMAN, MERLIN STREET ADDRESS 6005 STONE POINTE COURT CITY-ST-ZIP JOHNSTON, IA 50131	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME SMITH, LARRY M STREET ADDRESS 100 EAST GRAND AVE, SUITE 330 CITY-ST-ZIP DES MOINES, IA 50309	TITLE VI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Smith, Larry M. STREET ADDRESS 100 E. Grand Ave. Suite 330 CITY-ST-ZIP Des Moines, IA 50309		
TITLE S <input type="checkbox"/> Delete NAME CODER, SYDNEY J STREET ADDRESS 100 EAST GRAND AVE, SUITE 330 CITY-ST-ZIP DES MOINES, IA 50309	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		John J. Kaduce <i>1/10/06</i> (515) 288-5805	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT 40002171  
# 839014

**LIFE CARE RETIREMENT COMMUNITIES, INC.**  
**100 East Grand Avenue, Suite 330**  
**Des Moines, IA 50309**

**2005-2006 OFFICER/DIRECTOR LIST**

CEO and Director	Kaduce, John J. 100 East Grand Avenue, Suite 330 Des Moines, IA 50309
President/COO	Harrison, Scott M. 100 East Grand Avenue, Suite 330 Des Moines, IA 50309
Vice President/CFO & Treasurer	Smith, Larry M. 100 East Grand Avenue, Suite 330 Des Moines, IA 50309
Chairman and Director	Foreman, Merlin J. 6005 Stone Pointe Court, Johnston, IA 50131
Vice Chairman and Director	Ann M. Wagner-Hauser 4220 County Road 44 Minnetrista, MN 55364
Secretary	Coder, Sydney J. 100 East Grand Avenue, Suite 300 Des Moines, IA 50309
Asst. Treasurer and Director	Pierson, Ernest C. 112 Homedale Road Hopkins, MN 55343

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40002171  
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**2005-2006 Officer/Director List  
Page 2**

Director	Bourne, Donald W. 400 Beale Street #1601 San Francisco, CA 94105
Director	Cook, William R. 1133 - 7 <sup>th</sup> Street West Des Moines, IA 50265
Director	Knapp II, William C. 4949 Westown Pkwy, Ste. 200 West Des Moines, IA 50266
Director	Murdoch, David M. 3001 Iroquois Road Wilmette, IL 60091
Director	Noland, James E. 21 Glen Ridge Lane Pittsburgh, PA 15243
Director	Shives, Paula J. Darden Restaurants, Inc., 5900 Lake Ellenor Drive, Orlando, FL 32809