

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (h&c)) is subject to a penalty fee of \$25.00

| 1. ID No. | | | ed liability company | | | | | | | | |
|-------------------------|--------------|--|---|---|----------------------|---|----------------|------------|--|--|--|
| 137161 | ! | Evergreen House Real Estate Investors, LLC | | | | | | | | | |
| 3. State of Formation | | | 4. Brief description of the character of the business which is actually conducted in Rhode Island | | | | | | | | |
| DE | | | Own, operate and/or manage healthcare facility | | | | | | | | |
| 5. Principal office add | ress | <u> </u> | | City | State | | Zip | | | | |
| 3570 Keith Street, NW | | | Cleveland | TN | | 37312 | | | | | |
| 6. MAILING ADD | RESS OF I | IMITED LIAB | ILITY COMPANY AN | D NAME OR TITLE OF CONTAC | | | 10/01 | 2 | | | |
| Contact Name | Contact Name | | | Contact Title | | | | | | | |
| Joan E. Thurmo | nd | | | | | | | | | | |
| Street Address | | | | City | State | Zip | | | | | |
| 3570 Keith Stree | et, NW | | | Cleveland | TN | | 37312 | | | | |
| Manager Name | | FILL IN | SPACES BEFORE US | ING ATTACHMENTS ("X" BOX Manager Name | FOR ATTACHMENT) | | | | | | |
| Street Address | | | Street Address | 29 50 | | | ان م | | | | |
| City | | State | Zib | City | State | | 海巴 | 222 | | | |
| Manager Name | | | | Manager Name | | *************************************** | | | | | |
| Street Address | | | Street Address | | | 3 | Constant | | | | |
| City | | State | Zip | City | State | | جد | PAT | | | |
| Agent Name | | IODE ISLAND | - DO NOT ALTER - (| Changes require filing of Form Address | n 642 - R.I.G.L. 7-1 | 16-11 | # | ביי רוז | | | |
| CT Corporation | System | | | | | | | | | | |
| G. Gorporation | | | | | | 1 | | | | | |
| Address | | | | City | | Zip | | | | | |

ration ambarized person pursuant to R.I.G.L. 7-16-66 (b). This report must be executed

| | 13/161 | FEB 26 | 2009 |
|-----------|-------------------------------|---------------|------|
| | BY | Any | 1F |
| File Date | 8 | 29 2034 | |
| Check No | 62 :6 MV 9: | SULLEB S | |
| Ву: | VITEN STATE | | |
| FO | R SECRETARY OF STATE USE ONLY | ការម | |

137161

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Evergreen House Real Estate Investors, LLC By: hife Care Centers of America, Inc., corporate manager

| By JOAN | 9 Mun | na | d |
|---------------------|---------------|----|-------|
| Signature of Author | orized Person | | \ Dat |

Joan E. Thurmond

Print or Type Name of Authorized Person