

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098271

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** FKP FRANKLIN SENIOR LIVING TENANT LLC

**Current Principal Place of Business:**

LEVEL 5, 120 EDWARD STREET  
BRISBANE QLD 4000  
AUSTRALIA, XX AUSTRALIA XX

**New Principal Place of Business:**

LEVEL 5, 120 EDWARD ST.  
BRISBANE QLD, AU 4000 AU

**Current Mailing Address:**

LEVEL 5, 120 EDWARD STREET  
BRISBANE QLD 4000  
AUSTRALIA, XX AUSTRALIA XX

**New Mailing Address:**

LEVEL 5, 120 EDWARD ST.  
BRISBANE QLD, AU 4000 AU

FEI Number: 26-1262303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FKP SENIOR LIVING TE, NANT HOLDINGS L LC  
Address: LEVEL 5, 120 EDWARD STREET BRISBANE QLD 4  
City-St-Zip: AUSTRALIA, XX AUSTRALIA XX

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FKP SENIOR LIVING TE, NANT HOLDINGS L LC  
Address: LEVEL 5, 120 EDWARD ST.  
City-St-Zip: BRISBANE QLD, AU 4000 AU

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MANDELINE HENDRICKS

POA

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date