2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L01000001861

Entity Name: CHP MAGNOLIA POINTE, LLC

Current Principal Place of Business:

241 PEACHTREE STEET
#300
ATLANTA, GA 30303

New Principal Place of Business:

Current Mailing Address:

C/O CAPITOL DEVELOPMENT GROUP-BRECK KEAN
241 PEACHTREE STREET, SUITE 300
ATLANTA, GA 30303

New Mailing Address:

C/O CAPITOL DEVELOPMENT GROUP
241 PEACHTREE STREET, SUITE 300
ATLANTA, GA 30303

FEI Number: 59-3697967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

B&C CORPORATE SERVIVES OF CENT. FLA., INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO, FL 32801 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/MEMBERS:

Title: MGR ( ) Delete
Name: KEAN, BREAK
Address: 1103 WEST HIBISCUS BLVD, #408
City-St-Zip: ATLANTA, GA 30303 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DELMER, ROBIN
Address: 241 PEACHTREE STREET SUITE 300
City-St-Zip: ATLANTA, GA 30303 US

Title: MGR ( ) Change (X) Addition
Name: DEFRANCIS, STEVEN
Address: 241 PEACHTREE STREET SUITE 300
City-St-Zip: ATLANTA, GA 30303

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN DEFRANCIS MGR 04/29/2005

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