## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90032 011 \*\*\*\*50.00

DOCUMENT # L0100004884  1. Entity Name HARBOUR HEALTH SYSTEMS, LLC							04-14-2005			30.00
Principal Place		Mailing Address				1	4	20032	777	
	CHESTER BLVD Otte, Fl. 33980	18167 U.S. HIGHWAY 19 NORTH Suite 660								
		CLEARWATER, FL 3376	54							
2. Principal Place of Business		3. Mailing Address 2701 N. Rocky Point Drive								
Suite, Apt. #, etc.		Suite Apt # etc. Suite 1160			04052005	Chg-LLC	CR2E083	3 (10/03)		
City & State		City & State Tampa, FL				4. FEI Number 59-3708				olied For Applicable
Zip	Country	Zip 33607	Cour	itry		1	of Status Desired		5.00 Add	tional
	6. Name and Address of Current F		00				Address of New R		<u>-</u>	
IOUNGON	LEZELL HEALTH CARE MANA	CEMENT INC		Name CT Cc	rpoi	ration				
18167 U.S. SUITE 660	I EZELL HEALTH CARE MANA , HIGHWAY 19 NORTH					s (P,O. Box Number is Not Acceptable) Pine Island Road				
	TER, FL 33764									
				P <sup>City</sup> nt					33324°	
6. The above the obligati		TER F. SOUZA	register	ed office o	r registe	red agent, or both	n, in the State of Flo $\mathcal{U}$	rida. I am fai /// 05	miliar with,	and accept
SIGNATURE .	£00.  Signature, Ween or printed name of registered agent a	(QTANT QEPPETARM)  quile if applicable. (NOT	E: Registere	d Agent signal	bure require	d when reinstating)		DATE		
-		·			2					
D:	iling Fee is \$50.00 ue by May 1, 2005	·					Florida	e check par Departmen		
9.	ue <b>by May 1, 2005</b> MANAGING MEMBER		10.	E	мср			Department CHANGES	nt of State	
D:	ue by May 1, 2005	☑ Delete	10.		MGR CSA	Senior H	ADDITIONS/	Departmen	ntiof State	<b>⊠</b> Addilion
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR JOHNSON EZELL HEALTH CARI 18167 U.S. HIGHWAY 19 NORTH	(X) Delete E MANAGEMENT, INC.	TITL Maa Str	AE Eet address	CSA 630	Fifth Av	ADDITIONS/ ousing Invenue, 29th	Departmen CHANGES Vestmen	Change	<b>⊠</b> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this report is true and eccurate 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.

CSA Senior Housing The extrements, LLC, Manager By: Craig R. Anderson, as Manager

IGNATURE:

SIGNATURE AND TYPED OR PRINTED PAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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