




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90032 011 \*\*\*\*50.00

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<b>DOCUMENT # L01000004884</b>			
1. Entity Name <b>HARBOUR HEALTH SYSTEMS, LLC</b>			
Principal Place of Business <b>23013 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980</b>		Mailing Address <b>18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764</b>	
2. Principal Place of Business		3. Mailing Address <b>2701 N. Rocky Point Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 1160</b>	
City & State		City & State <b>Tampa, FL</b>	
Zip	Country	Zip	Country
		<b>33607</b>	<b>US</b>
4. FEI Number <b>59-3708394</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JOHNSON EZELL HEALTH CARE MANAGEMENT, INC. 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764</b>		Name <b>CT Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</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>PETER F. SOUZA</b> SIGNATURE:  ASSISTANT SECRETARY (NOTE: Registered Agent signature required when reinstating) DATE <b>4/11/05</b>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON EZELL HEALTH CARE MANAGEMENT, INC. 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CSA Senior Housing Investments, LLC 630 Fifth Avenue, 29th Floor New York, NY 10111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 information indicated on this report is true and accurate 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. <b>CSA Senior Housing Investments, LLC, Manager</b> By: <b>Craig B. Anderson, as Manager</b> SIGNATURE:  (212) 314-0366 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #			