

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91434 013 \*\*\*\*50.00

**DOCUMENT # L01000012547**

1. Entity Name  
**BEAUCLERC MANOR HEALTH CARE ASSOCIATES, LLC**



Principal Place of Business  
400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA, GA 30346 US

Mailing Address  
400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA, GA 30346 US

**30069838**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
10210 Highland Manor Drive  
Suite, Apt. #, etc.  
Suite 410  
City & State  
Tampa, FL

3. Mailing Address  
10210 Highland Manor Drive  
Suite, Apt. #, etc.  
Suite 410  
City & State  
Tampa, FL

4. FEI Number **58-2639423**  
Applied For  
Not Applicable

Zip Country Zip Country  
33610 USA 33610 USA  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHL, ALAN C 400 PERIMETER CENTER TERRACE PLANTATION, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRISWOLD, DARYL R 400 PERIMETER CENTER TERR STE. 650 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA HEALTH CARE PROPERTIES LLC 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dahl, Alan, C. 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Duplantis, Patrick 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chalmers, James 10210 Highland Manor Drive, Suite 410 Tampa, FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:** Patrick Duplantis, Manager 4/15/03 813-744-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)