

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90393 042 ****50.00

DOCUMENT # L01000012554

1. Entity Name

Cross Creek Health Care Associates, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Perimeter Center Terrace

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip
30346

Country
USA

Zip

Country

4. FH Number

58-2639430

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island

City

Plantation

FL

Zip Code
33324

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.

SIGNATURE

Signature of agent or printed name of registered agent and the Fingerprint

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

Manager

Alan C. Dahl

400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Manager

Daryl R. Griswold

400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

Member

Florida Health Care Properties, LLC

400 Perimeter Center Terrace, Ste 650
Atlanta, GA 30346

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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:

[Signature]

Daryl R. Griswold, Manager

04/26/2002

(770) 730-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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