


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90430 047 ****50.00

DOCUMENT # L01000012574		
1. Entity Name NINTH STREET HEALTH CARE ASSOCIATES, LLC		

Principal Place of Business 777 NINTH STREET NORTH NAPLES, FL 34102	Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610
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60030878

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 303 Perimeter Center North
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500
City & State	City & State Atlanta, GA
Zip	Country
30346	US



02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 58-2639446	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSILON HEALTH CARE PROPERTIES, LLC 10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Anna Moore 777 Ninth Street North Naples, FL 34102 <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anna Moore Anna Moore 2/7/07 239-261-8126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #