


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-02-2007 90430 013 ****50.00

DOCUMENT # L01000012591	
1. Entity Name ROSEMONT HEALTH CARE ASSOCIATES, LLC	

Principal Place of Business 3920 ROSEWOOD WY ORLANDO, FL 32808	Mailing Address 10210 HIGHLAND MANOR DRIVE STE. 250 TAMPA, FL 33610
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60030004

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	Zip	Country
		30346	US

02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 58-2639481	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	
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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**

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 Terrie Banks 3920 Rosewood Way Orlando, FL 32808 <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: Terrie Banks NHA 02/07/07 (407) 298-9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #